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The overall nurse career-patterns study actually consists of four concurrent longitudinal studies relating to the four kinds of nursing programs in which, if possible, each subject will be followed from the time of entrance through a 15-year period after graduation. The practical nurse study seeks to determine whether certain biographical data or stated reasons or goals for entering practical nursing programs relate to the probability of program completion and employment as a graduate. Over 3,000 1962 enrollees were chosen as a 20 percent random sample of the 693 approved practical nursing programs in existence at the beginning of the study. At the time of the report, each person had completed a maximum of three questionnaires: one on entrance to the training program, one on graduation, and a third 1 year after graduation. The findings to date indicate a composite picture of the person most likely to succeed as a woman over 25, married, and a member of the lower middle income group. She should show signs of stability, modest ability, need, and a commitment to others. Her high school accomplishment would have been average. Some factors found to be important to trainees were convenience of program location and availability of employment.

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NURSE CAREER-PATTERN STUDY

by Barbara L. Tate
Lucille Knopf

VT007491

PART I: PRACTICAL NURSING PROGRAMS

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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FOREWORD

The National League for Nursing (and the National League of Nursing Education before it, one of NLN's forerunners) has compiled statistics related to the preparation of all types of nurses for many years. These have been used widely, but the users of these data returned many times with questions that could not be answered from single statistical collections. In order to respond to many of the questions, it seemed essential to do a long-term longitudinal study of the people who enter educational programs in nursing.

By 1962, the Nurse Career-pattern Study had been designed and was ready for the data collection stage. It is conceived as four concurrent studies, one for the students of each type of nursing education program leading to eligibility for licensure—the practical or vocational nursing program leading to an L.P.N., and the associate degree, baccalaureate degree, and diploma program leading to an R.N. Because the practical nursing education programs tend to be shorter in length than the others, the report of this section is the first available. Reports of the other sections of the study will follow in the order of the usual length of programs.

After the collection of the practical nurse data, in 1965, funds were obtained through the U. S. Office of Vocational Education to assist with the analysis of this part of the data and the preparation of this report. NLN hopes to be able to continue the study of this group of practical nurses and issue subsequent reports related to their contributions to the health field.

It is only because of the diligent cooperation of the schools, students, and graduates participating that the study could be completed. The project staff is deeply indebted to the thousands of people who did so much to assist in the collection of data. We are also grateful to the other members of NLN staff who contributed freely of their time in the planning and implementation of this part of the total project, particularly to Neva Stevenson, Mary Grimes, and Margery Low of the Department of Practical Nursing Programs.

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CHAPTER I

SUMMARY

The Nurse Career-pattern Study consists of four concurrent longitudinal studies of students and graduates of practical nursing, associate degree, baccalaureate degree, and diploma programs for the preparation of nurses. This report includes a description and analysis of the data collected the first four years of the portion of the study dealing with practical nurses.

The three specific objectives of this research project were identified as: (1) Are there certain biographical characteristics which relate to the student's probability of completing the practical nursing program and working in the kind of position for which she prepared? (2) Are there certain stated reasons for choosing nursing, particularly practical nursing, that relate to the student's probability of completing the program and working in the kind of position for which she prepared? and (3) Does the occupational goal stated by the student at the time of entrance relate to her actual completion of the program and the actual employment in which she engages? In addition to the responses to these questions, this project has compiled an enormous amount of material about students entering practical nursing programs, those who graduate and withdraw, and those who are working a year after graduation.

The participants include all students entering a randomly selected sample of state-approved practical nursing programs in the fall of 1962. The participants include 3,014 students in 117 schools. Programs varied in length ranging from ten months to two years. Participants graduating no more than one year later than the originally scheduled date were retained in the study. Data collection, therefore, extended from 1962 through 1966. All data were collected by mailed questionnaires. With the exception of information relating to withdrawal and withdrawal reasons which was obtained from the school, the information was supplied by the student or graduate directly to the study staff.

The major data collections took place at three periods - upon entrance, upon graduation, and one year after graduation. Response to each questionnaire ranged from 94.5 to 99.5 percent of the possible responses. Data were hand coded, checked for accuracy, and then processed by IBM computer. All data have been analyzed by individuals and not by schools. Characteristics of the sample, methods of procedure, and analysis of data are detailed in the report.

Description of all responses obtained for each question from each participant is reported. From the initial questionnaire, this includes extensive biographical material, stated career motivations, reasons for choice of practical nursing, and career plans. Information from the second questionnaire, completed at the time of graduation, includes some new biographical material (such as any changes in marital status) and graduates' immediate career plans. The third questionnaire, completed a year after graduation, describes, in addition to new biographical material, employment status, work contribution, educational plans, community activity, professional association affiliation, salary, and gross satisfactions of the respondents.

The report also describes biographically the students who withdrew from the practical nursing programs before graduation. Appropriate comparisons between graduates and nongraduates are given in detail. Some comparisons are included of the working and not-working graduate practical nurses. In addition, all tabulations and interrelationships between variables relevant to the purpose of the study are presented.

The final portion of the report deals with a broad discussion of the implications of the study and recommendations for its use.

In relation to the three specific objectives of the research project, the following conclusions may be drawn:

(1) There are certain biographical characteristics which relate to the student's probability of completing the practical nursing program and working in the kind of position for which she prepared. Some of these have been identified in this study.

(2) There is very limited evidence that stated reasons for choosing nursing relate to the student's probability of completing the program and working in the kind of position for which she prepared.

(3) There is no evidence from this study that the occupational goal stated by the student at the time of entrance relates to her actual completion of the program, but there is indication of some relationship between stated goals and the actual employment in which she is engaged one year after graduation.

Under the long-range plan of the study, a questionnaire will be mailed in the fall of 1968 to obtain information from these same nurses five years after graduation. A supplement to this report will be issued as soon as the new data are processed.

CHAPTER II

INTRODUCTION

The health occupations have increased enormously over the past few decades. During this period nursing has become an increasingly more complex type of work, and manpower for this occupation has become extremely limited. Within the scope of the health occupations, many new groups of workers have come into being. Many of these different types of workers are the result of an extensive increase in medical knowledge and, thereby, an increase in activities for preventing disease, restoring health, and caring for the sick and dying. Although nursing, as an occupation, has existed for many centuries, it, too, has undergone a great change in the past few years.

In an effort to keep up with all of the changes that have occurred in the occupation of nursing, many types of nursing education programs have been developed. While there are educational programs for many health occupations which have functions that overlap those of nurses, the programs that have presented some of the most complex problems in recent years are those preparing nurses for eligibility for the licensure examination leading to the registered nurse (R.N.) and for the examination leading to the licensed practical nurse (L.P.N.) or the licensed vocational nurse (L.V.N.).

Three types of educational programs prepare a person for eligibility for licensure leading to the R.N. One type is conducted in a senior college or university and usually leads to a baccalaureate degree with a major in nursing. Another is conducted by a junior or senior college leading to an associate in arts or an associate in science degree with a major in nursing. The third is usually conducted by a hospital that has obtained state board of nursing approval for a program leading to a diploma.

The educational program preparing for licensure as an L.P.N. or L.V.N. is usually conducted by a hospital or a vocational-technical school and leads to a diploma. These programs are state approved and their graduates may sit for the licensure examination in practical nursing.

The nurse practice acts of many states outline very briefly those functions which are legal for a person to perform who holds either license. The American Nurses' Association has defined the functions of the R.N. who is employed as a staff nurse in a hospital or other agency, caring for the ill or preventing illness. The ANA and the National Federation of Licensed Practical Nurses together have defined the functions of the L.P.N. or L.V.N. in a similar occupational setting. However, as a rule, the nurse practice acts are extremely general and even the stated functions as published by the American Nurses' Association and the National Federation of Licensed Practical Nurses are broad general statements. These, along with many other factors, have resulted in an enormous amount of overlapping of functions of not just the R.N. with differing preparation, but also an overlap in the acvitities of the R.N. and the L.P.N. or L.V.N.

In addition, there are presumably other factors which have resulted in extensive overlap of functions of the graduates of these various programs. Not the least of these is the extremely limited number of persons prepared to nurse at all. In many instances, whatever type of nurse is available carries out all the functions that are necessary in the setting in which she is employed.

Another factor which presumably leads to considerable overlap of functions is the variety of experiences and abilities that these nurses bring to the job. Many who have been graduated from the longer, more extensive programs are young and inexperienced. On the other hand, many of those who attend the very short and limited programs in nursing are older women with extensive experience, which may very well include experience with illness and other health problems.

The problems relating to providing adequate nursing care are so complex that no single study could possibly provide all the answers. However, it does seem that the problems related to manpower, education, and utilization could be viewed more clearly if more were known about the students who enter the various kinds of nursing, whether or not these students complete the program of their choice, and what the graduates do to contribute to their communities with regard to the health field. With this purpose in mind, the National League for Nursing undertook a longitudinal study of men and women who entered nursing programs in 1962. This study, known as the Nurse Career-pattern Study, was designed to include four concurrent studies. Each study was conducted in a similar manner, the major difference being that each pertained to students entering a different type of nursing program. The portion of the Nurse Career-pattern Study that is included in this report pertains to those students who entered programs that would make them eligible to take the state examination leading to the licensed practical nurse (L.P.N.) or the licensed vocational nurse (L.V.N.).

The entire study is broad and exploratory in nature. Extensive information about each person was obtained by questionnaire. The entire study is designed to produce descriptive data about these students and their subsequent careers or contributions to the health field. All of the statistical procedures used have been primarily for the purpose of describing the group of people participating in the study, or for suggesting possible relationships between various factors in the person's life or environment that might be related to her contribution to the health field. Since the study was not designed to test any specific hypotheses of cause and effect, all factors that appear to be related as a result of the processing of these data are presented as suggestions for greater depth study in a project designed to test the specific hypotheses.

Inasmuch as all the data collected for this study are self-reported by the person completing the questionnaires, the entire study proceeds on the assumption that the data reflect the student's perception of herself and her environment, rather than a specific objective view of the student and her environment.

Historical Development of Practical Nursing Education

Although the term practical nurse has been known and used for a long time, it did not begin to have its present connotation until the first nurse practice acts were amended to differentiate by licensure those persons who were licensed to practice as professional nurses and those licensed to practice as practical nurses. However, before this time, a few programs for the education of the practical nurse, as we know her today, had been established. The first is generally thought to have been established in Brooklyn, New York, in 1892[1]. The subsequent development of these programs was very slow. It was not until 1919 that the first vocational school established a practical nursing program - Minneapolis Girls' Vocational High School[2]. For the first half century following the establishment of the first practical nursing program, the total number remained under 50.

Following World War II, it was expected that the employment situations in hospitals, in particular, would revert to conditions which had prevailed before the war. It was assumed that as nurses were released from active duty from the Armed Forces, they would return to civilian employment and that volunteer and paid auxiliary workers who had been used during the war would be needed no longer. However, it was realized very soon that the health care needs and demands of the public had increased enormously during this same period of time. Hospitals found that they were not able to provide all of the nursing needs by using primarily "professional" personnel. These same hospitals also found that the motivation provided by the wartime atmosphere had abated and the quantity and quality of volunteer auxiliary workers had decreased proportionately.

The prevailing situation throughout the country served as an impetus for the enactment of federal legislation to provide funds for the establishment and conduct of vocational schools and, particularly, schools of practical nursing. As a result of the prevailing situation and these funds, over 1,100 schools of practical nursing are now in operation.

As practical nursing schools increased in number throughout the country, state boards of nursing and state departments of education became more and more concerned about licensure of the graduates and control of the programs. In most states, as the schools developed and the state bodies became more concerned about education and licensure of practical nurses, the quality of education improved. However, because of the differences in the demands and pressures within the various states, each state has proceeded at its own pace and there still exists a very wide variation in the quality of the educational programs in various sections of the country. However, because of endorsement provisions in most states, graduates of these programs do not necessarily practice in the state where they were educated or where they first obtained licensure.

As practical nursing education has evolved over the years, two surveys have been undertaken and published to describe it - one was conducted in 1960 as a joint effort of the Division of Nursing of the U.S. Public Health Service, the U.S. Office of Education, and the National League for Nursing; the other, in 1965, by the National League for Nursing[3, 4]. Analysis of the data for both of these surveys indicates quite clearly that practical nursing education varies so much throughout the country that it is almost impossible to describe a typical program. For a clear look at the entire picture of practical nursing education, it would be necessary to read both of these documents. However, a few items of particular importance will be described in this report.

Description of Practical Nursing Education

Practical nursing programs are offered in a wide variety of institutions, of which approximately three-fourths receive their principal financial support from public funds. More than half of the programs are under the administrative control of a trade, technical, or vocational school. The next largest group are under the administrative control of hospitals. During the past five years, the number that are under the administrative control of a junior or community college has increased to approximately 150; the remainder are under the administrative control of secondary schools, senior colleges or universities, or independent or government agencies.

Regardless of their administrative control, all programs must have the approval of the state board of nursing in the jurisdiction in which they are located. This assures that the graduate will be eligible to sit for the licensure examination in practical nursing in that particular jurisdiction.

The number of students enrolled in practical nursing programs also varies considerably. The total student body ranged from less than 10 in approximately 5 percent of the programs to over 100 in approximately 4 percent. While, over many years, this variation in size has remained constant, the actual total number of students enrolled has nearly doubled in the past 10 years. In 1966, approximately 35,000 students were admitted to practical nursing programs and approximately 25,000 were graduated.

Although the curriculum pattern, including length of program, shows marked variation, over half of the programs have a similar pattern. Most are one calendar year in length which is divided into two periods - preclinical and clinical. The preclinical period of from three to five months consists of courses that are basic to nursing. During this period, the students have a minimum of clinical practice or patient contact. In the remainder of the year, seven to nine months, the course work is directly applicable to clinical practice and the students have considerable clinical practice.

Many course titles are used to indicate the groupings of subject matter in the curriculum. Although many of the courses continue throughout the entire year or some portion of both the clinical and preclinical periods, there is a general tendency to present most of the biological, physical, and social science content in the preclinical period. This is also the time when the basic fundamentals of nursing are being taught. The clinical courses cover the major areas of medical and surgical nursing, nursing of children, and nursing of mothers and newborns. The last few years have shown a considerable increase in the number of programs that include theory and practice in psychiatric nursing and long-term illness or geriatric nursing.

Since the majority of these programs are under public vocational education auspices, students usually live at home or make their own living arrangements. In approximately half of the schools, the total fees required from the student amount to less than $100.

Objectives

The specific objective of this research project is to identify certain characteristics of practical nursing students and make the findings available to schools that can use them for selecting and guiding students.

Some specific questions to be answered are: (1) Are there certain biographical characteristics which relate to the student's probability of completing the practical nursing program and working in the kind of position for which she prepared? (2) Are there certain stated reasons for choosing nursing, particularly practical nursing, that relate to the student's probability of completing the program and working in the kind of position for which she prepared? (3) Does the occupational goal stated by the student at the time of entrance relate to her actual completion of the program and the actual employment in which she engages?

Related Studies

A review of the literature shows very few studies of practical nursing and practical nurses which are broad in scope. There is considerable information about studies that have been done in relation to vocational education programs primarily in industrial skills and many studies have been conducted on nursing programs leading to registered nurse licensure, but practical nursing studies of a type related to this project are extremely limited.

As in most studies of educational programs, the greatest amount of work has been done in the area of prediction of scholastic success.

One of the most extensive studies was conducted by Meadow at the Shapero School of Nursing in Detroit, Michigan, in 1961.[5] This study was limited to the students entering Shapero School of Nursing's experimental program. Several of the findings, however, are of considerable interest in relation to the specific goals of the Career-pattern Study. Those of particular import include:

1. "Older and married students have a better chance for success than younger and single students. Implications of this finding for admissions have to be evaluated thoroughly."[6]

2. "Students with previous experience related to nursing should be given preference over students without such experience, other factors being equal. Recruitment of students from occupations related to nursing such as nurses' aides and medical assistants would be desirable."[7]

3. "Other work experience is not nearly as important as previous work experience related to nursing."[8]

4. "A high drop-out rate may not necessarily be a reflection of poor selection techniques, but may also be a reflection of the high standards of the school. The Shapero School has the highest drop-out rate in the state as well as the highest average score on state licensure examinations."[9]

Characteristics of the students at the time of entrance were not equated with presence or absence in the labor market after graduation. However, Meadow does indicate that "almost all of the 173 graduates had some practical nurse working experience after graduation."[10]

The study did not show evidence of ability to predict on-the-job performance success.

One of the most comprehensive studies related to prediction of success in nursing was conducted by the National League for Nursing beginning in 1951.[11] This study was instituted for the express purpose of investigating the extent to which NLN pre-entrance tests were related to performance in achievement and licensure examinations and also to relate personal characteristics of the students to performance. This study included 613 students from 87 practical nursing schools. All of the students were given the NLN selection battery titled Pre-Admission and Classification Examination (PACE) and completed a personal data record form. At the conclusion of their educational program, the students were given the NLN achievement test as well as the state board test pool for licensure for practical nurses.

Significant positive relationships were found among the scores on the three groups of tests. There was a .54 relationship between the PACE scores and the achievement test scores and a .63 relationship between PACE and and the licensing examination scores. None of the personal characteristics of the students appeared to have a significant relationship with scores on any of the tests. However, some of the relationships were sufficiently high to warrant further investigation. The latter included size of community from which the students came, scholastic standing in high school, graduation from high school, marital status, age, and what they termed "idealistic reasons for wanting to study practical nursing."

Rowan's study is a comparison of the scholastic achievements of older students and younger students in schools of practical nursing.[12] This study included 100 students - 50 ranged in age from seventeen to twenty-five and had completed four years of high school; the other 50 ranged in age from thirty to fifty-nine and had had two years or less of high school. In comparing these groups by standard intelligence tests, the older group tested slightly higher than the younger group. The older group also earned a considerably higher grade point average than the younger group.

Rowan continues to suggest that there are other factors that must be considered in the prediction of success than those which can be measured by intelligence tests. This study was limited to measures of knowledge and scholastic achievement and did not include any factor of performance or contribution in the field of health.

Between 1950 and 1954, the W. K. Kellogg Foundation helped finance the development of practical nurse programs in five southern states. Each of the projects reported an evaluation of practical nursing education and nursing practice at the end of this period of time. Several of these reports contained pertinent information for this particular study.

Bertrand and Souza in A Study of Practical Nurse Education and Practical Nursing in Louisiana in the years 1950-55 described the student population particularly by age, sex, education, marital status, and race.[13] This study included 809 students who were admitted to 10 vocational schools in Louisiana. Of these 809 students, 523 graduated from those programs; 286 did not.

The most common reason for withdrawal, as indicated by the school, was that of family responsibilities. This accounted for 36.7 percent of the withdrawals. This is in a group in which about 78 percent were twenty-six years of age or more at the time of entering the school of nursing.

Among the characteristics studied, there did not appear to be a close relationship between age and withdrawal. There was a negative correlation between years of prior education and withdrawal, and a positive correlation between married women and withdrawal. Unlike many studies in educational accomplishments, there was no particular difference between the Negro student drop-out rate and that of the white student.

Two particular observations derived from the data of this study are important. "In planning facilities and curriculum, the needs of the married woman in her middle years, with less than high school education, should be kept in mind."[14]

"Motivation and a stable personality seem to be most important in success as a practical nurse student. Admission committees should look for these qualities and not place too great a stress on educational attainment. In this respect, married, older women seem to be the best risks."[15]

Another of the reports of the five-state studies was that from the Florida State Department of Education.[16] This report refers only to the licensed practical nurse, and it includes a sample of all licensed practical nurses in the state regardless of when or where their education was obtained. To this extent, the sample is not comparable to those in the Nurse Career-pattern Study as to age and length of employment.

However, referring only to the group of licensed practical nurses who had graduated from a 12-month school of practical nursing prior to taking a licensure examination, some comparability can be attained. This describes an older group that may have been licensed for any length of time. However, the sample includes approximately 93 percent who were licensed in the period 1951 through 1955. The entire group of graduates totaled 359. Of this group, approximately 84 percent were white and 16 percent Negro. There is only one man in the entire group.

Of these 359, only 14.5 percent were single at the time the questionnaire was administered. Approximately 60 percent were currently married, and the remainder had formerly been married. The median age of the group was forty years, ranging from one graduate who was under twenty years of age and one graduate who was over sixty-five.

Of these graduates, approximately 65 percent had graduated from high school and 11 percent had more than high school preparation prior to entering practical nursing school. The employment status of this group indicated that approximately 71 percent were working in an institution of some type and that approximately 15 percent were inactive. The remainder were either doing private duty or were employed by some other type of health agency. Of the group that were employed, approximately 63 percent had remained in one job during the previous five years and another 16 percent had held only two different jobs during that period of time.

In the summary and implications, the authors of the Florida study indicate that "older age applicants may be the most successful on the state licensing examinations."[17] They have also indicated "there is a tendency for graduates to work in those institutions where they received their clinical experience as students, the help being given the small hospital is negligible."[18] Another of their indications was that of a very small amount of employment of this group in nursing homes. It would appear that L.P.N.'s are not attracted to this field because of "patient overload, long hours, and low pay."

The reports from the studies of Alabama, Arkansas, and Mississippi indicated similar information to the two from Louisiana and Florida insofar as they relate to this study.

In a study of dropouts from the school of practical nursing of the Indianapolis Public Schools, Layton has indicated the time and reasons for dropout from the classes admitted 1950-57.[19] During this 8-year period, there were 645 graduates who wrote state licensing examinations and 248 dropouts.

Of the 248 dropouts, 26.6 percent left because of low scholarship. Other large causes of dropout were illness, 23.4 percent; financial problems, 15.3 percent; family responsibility, 9.7 percent; and 8 percent who left to enter schools to prepare for registered nurse licensure.

There appeared to be little difference in the group graduating and the dropouts in terms of the previous number of years of schooling and marital status. However, there appeared to be some relationship between the particular I.Q. measure of aptitude and dropout and also between racial origin and dropout.

Mayer's study includes the graduates of just one school of nursing in California.[20] It was conducted with the primary purpose of determining if changes or improvements might be indicated in the vocational nurse program at the Laney Campus in order to improve both the quantity and the quality of practical nurses in that area. The entire study report is based on 146 returned answer sheets from a total of 261 graduates of that program.

The responses to these questionnaires indicated that 78 percent of the group were between the ages of twenty-five to fifty-four.[21] All of the graduates were less than nine years out of nursing school. Mayer suggests that her findings indicate that, for the most part, these licensed vocational nurse graduates are responsible and dependable employees. Most of the group were employed and had been employed steadily since graduation.[22] Although the majority of the graduate nurses were receiving what was the standard beginning salary for vocational nurses, she questioned if the exact amount was not inadequate when compared to salaries in other fields that required one year of technical or vocational training prior to working.

Boyd reports information about the first five years of graduates of the School of Practical Nursing of Mitchell, South Dakota, which was established in 1957.[23] Questionnaires were returned from 171 of a total of 181 graduates.

At the time of completing the program, 75 percent of the graduates were aged twenty or under. The graduates over the age of twenty-five were concentrated in the first few classes. All but 12 had completed high school and 63 percent of the high school graduates had had average grades.[24]

About 80 percent of the respondents were employed in nursing in 1963. Approximately half of those working were employed full time; the other half part time. About 63 percent had held only one job since graduating and about 72 percent of those employed were working in South Dakota.[25]

With the exception of the NLN study, all of the students and graduates participating in these studies were from a limited geographic area - a state or a city. The different findings might well be related to variables in given localities.

References

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[6] Ibid., p. 204

[7] Ibid.

[8] Ibid.

[9] *Ibid.*, p. 205.

[10] *Ibid.*, p. 155.

[11] National League for Nursing. "Factors in the Success of Students in Schools of Practical Nursing." *Nursing Outlook,* Aug., 1954, pp. 423-427.

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[13] Bertrand, Alvin L., and Marion Souza. *A Study of Practical Nurse Education and Practical Nursing in Louisiana, 1950-1955.* State Department of Education in Louisiana, 1956.

[14] *Ibid.*, p. 36.

[15] *Ibid.*

[16] *Report of a Study of Practical Nursing in Florida for the Years 1950-54 Inclusive.* Florida State Department of Education, Tallahassee, 1955.

[17] *Ibid.*, p. 178.

[18] *Ibid.*, p. 181.

[19] Layton, Helen. "Why Do They Drop Out?" *Practical Nursing,* Nov., 1959, pp. 12-13.

[20] Mayer, Alice N. *A Survey of Licensed Vocational Nurse Graduates of the Oakland City College, Laney Campus, and Their Employers.* San Francisco State College, June, 1960.

[21] *Ibid.*, p. 25.

[22] *Ibid.*, p. 26.

[23] Boyd, Helen. *Practical Nurses in the Work Situation.* The League Exchange No. 76. National League for Nursing, New York, 1966.

[24] *Ibid.*, p. 10.

[25] *Ibid.*, p. 19.

CHAPTER III

METHOD OF PROCEDURE

The overall study of nurse-career patterns is a longitudinal one of a large number of people. If possible, each person will be followed from the time of entrance to a school of nursing through a period of 15 years after graduation. The entire study is being conducted by questionnaire. Each person will complete a maximum of six questionnaires at intervals throughout the study.

At the time of this report, each person in the study has completed a maximum of three questionnaires - the first at the time of entrance to the practical or vocational nursing program, the second at the time of graduation from the program, and the third one year after graduation. Any student who did not graduate has completed only one questionnaire.

The Population and the Sample

At the time the study was being designed in early 1962, the latest count of practical nursing programs was for August 31, 1961. At that time, there were 693 practical or vocational nursing programs that were approved by the appropriate body in the state or jurisdiction in which each school was located. A 20 percent sample of the programs was selected by the use of the random number table. The 138 programs selected in this manner were each sent a letter inviting participation in the study.

The sample was drawn by school because characteristics of the school itself were assumed to affect the prospective student's selection of a program. The size of the sample of schools was determined after considering the following factors: (1) total admissions to practical nursing programs per year; (2) average number of admissions per program; (3) average number of graduations per program; (4) the anticipated percent of nonrespondents for the duration of the entire study (16 years); and (5) the anticipated number of categories of characteristics of schools, characteristics of students, and eventual occupational roles.

Although it was assumed that the number of categories of characteristics, by the end of the 16 years, would have compounded so rapidly that there would be no possibility of analyzing the data in relation to every characteristic, it was anticipated that a large number of categories of characteristics would be relatively common and could be anticipated. With these anticipated categories in mind, it was believed that no meaningful analysis could be done on any breakdown of data that included less than ten participants in any individual cell.

Included with the letter asking the schools to participate was a brief summary of the total study as it was conceived at that time and a form of agreement for the schools to participate in the study (Appendix A). The form, which indicated agreement to participate in the program, also provided for the information necessary to provide each school with the first questionnaire for each student.

If a school refused to participate in the study, the next school in order, as chosen by random number selection, was sent immediately an invitation to participate. Any school that had not responded in three weeks was sent a follow-up letter requesting an answer. If any school had not answered in six weeks, it was interpreted as refusal to participate, and another school was invited in its place (Table 3-1).

At the end of the three-month period which allowed for selection and identification of the participating schools, the full quota of 138 programs had not yet responded. The total number of schools that agreed to have their students participate was 121; however, of this group, 117 actually fulfilled the agreement and had a full class of students participate in the study.

Inasmuch as the study was to involve students entering practical or vocational schools of nursing in the fall of 1962, the characteristics of the total population of schools (736) as of August 31, 1962, were described in five general factors: National League for Nursing regional distribution of schools, administrative control, financial support, enrollment size, and church affiliation (Table 3-2).

The chi-square test of homogeneity was applied. At the .02 level, there was no significant difference in the

Table 3-1. Stated Reasons Why Schools Did Not Participate in Nurse Career-pattern Study

Reason	Number of Schools
School closed or closing	8
No class admitted in fall, 1962	11
Too much work for staff	3
Other or no reason stated	29
No response received	15
Total	66

Table 3-2. Tests of Homogeneity of Sample to Total Population on Five Factors

Factor	Total Population	Sample	df	χ^2	Significant Difference at .02 Level
Regional distribution*					
I	149	34			
II	137	25			
III	326	37			
IV	124	21	3	9.27	No
Administrative control					
College or university	13	3			
Junior or community college	87	9			
Hospital	205	25			
Independent agency	9	5			
Secondary school	32	4			
Trade or technical school	390	71	5	14.64	Yes
Financial support					
Public	566	89			
Private	170	28	1	0.05	No
Enrollment size**					
0-49	547	84			
50-99	120	28			
100 and over	29	5	2	3.69	No
Church affiliation					
Church	74	11			
Nonchurch	662	106	1	0.14	No
Total for each factor	736	117			

*NLN Region I (North Atlantic) Conn., Del., D.C., Me., Mass., N.H., N.J., N.Y., Pa., R.I., Vt.
Region II (Midwestern) Ill., Ind., Iowa, Kan., Mich., Minn., Mo., Neb., N.D., Ohio, S.D., Wis.
Region III (Southern) Ala., Ark., Fla., Ga., Ky., La., Md., Miss., N.C., Okla., Puerto Rico, S.C., Tenn., Tex., Va., W. Va.
Region IV (Western) Alaska, Ariz., Calif., Colo., Hawaii, Idaho, Mont., Nev., N.M., Ore., Utah, Wash., Wyo.

**Fall, 1962, enrollment unknown for 40 schools.

NLN regional distribution of the sample from the total population or from the division of financial support, enrollment size, or church affiliation. However, there was a significant difference at the .02 level when the two were compared as to administrative control. The sample contains a larger proportion of trade, technical, or vocational school programs and a smaller proportion of hospital and junior or community college programs than would be expected in a pure random sample taken from the total population.

The apparent difference in the sample from the total population as to administrative control is presumably the result of the distribution of the refusals to participate and the nonresponse to the invitation.

The sample was selected on a national basis and would not necessarily be representative within a given region. Since many variables show a significant difference by region of the country, the majority of the tabular data are reported by region. Tests of homogeneity of the sample within each region show that the regional samples do not differ from the regional population on the three characteristics of financial support, enrollment size, and church affiliation. However, the sample from Region IV does differ from the population of Region IV on the characteristic of administrative control (Table 3-3).

Table 3-3. Tests of Homogeneity of Sample to Total Population by NLN Region on Four Factors

Factor	Region I		Region II		Region III		Region IV	
	x^2	Significant Difference at .02 Level	x^2	Significant Difference at .02 Level	x^2	Significant Difference at .02 Level	x^2	Significant Difference at .02 Level
Administrative control	4.26	No	1.97	No	11.49	No	16.09	Yes
Financial support	1.68	No	1.22	No	0.99	No	4.94	No
Enrollment size	2.02	No	2.06	No	2.00	No	7.09	No
Church affiliation	0.37	No	2.16	No	0.53	No	1.54	No

Development and Trial of the Questionnaires

From the outset of the study, the questionnaire had been considered the main source of data. It was assumed that the responses on the questionnaire would be a valid and reliable reporting of the student's own perception of herself, her motivations, and her goals and activities. It was assumed that the questionnaires would be administered within the setting of the school as long as the participants were enrolled, but that after the students had left the school, it would be necessary to communicate individually with each one. It was assumed, also, that this study was primarily to develop hypotheses for specific depth studies. Therefore, each questionnaire should be designed in such a way that the responses could be personal expressions.

The first questionnaire was designed to obtain background information about the demographic characteristics of the student and her family. Another portion of this same questionnaire was designed to obtain expressed reasons for her choice of nursing and her choice of the practical or vocational school. The final portion was designed to obtain her predictions of her career life during the first 15 years following graduation. The main purpose of obtaining this information was to get a profile of the student and her thinking about nursing before she actually became acquainted with nursing through the educational program. Therefore, it seemed necessary that the questionnaire should be worded in terms that would be understood by the prospective student in making her career choice and, if possible, in the same terms that would be used later to determine aspects of her career with the use of the same wording so that these items could be compared. It was also necessary that the questions on the questionnaire being sent to practical or vocational nursing students would be, for the most part, the exact same questions that were asked of students entering associate degree, diploma, and baccalaureate degree programs in nursing in order that some comparisons might be drawn among the four groups that constitute the total career-pattern study.

Many other studies of a similar nature were reviewed to determine the actual wording of questions, and these questions were tried on two different audiences. Nurses were asked to respond to these questions and young people who had explored the possibility of entering nursing, but were not engaged in nursing in any way, were asked to respond to these questions. Inasmuch as possible, the questions actually used in the trial questionnaires were limited to those which could be answered by both nursing and nonnursing groups, each one applying what appeared to be the same definition or understanding of the questions. Before the questionnaire was actually formulated in its entirety, much of this trial of the questions was done on a one-to-one basis in order that the respondent could be queried with regard to her understanding of a certain question. Following the trial of the wording of each of these questions, a questionnaire was compiled and a small mailing was sent - again to a group of nurses and a group of people who had considered nursing as a career, but had not entered a school. Again, the revisions of the questions were made in an effort that both groups would respond in a similar fashion to each question.

The third and final step in formulating the questionnaire was the administration of these questionnaires by the faculty of schools that had agreed to participate in the study to the extent of administering the trial questionnaires. Schools were selected for participation in the trial phase of the study with certain criteria in mind. The two practical nursing programs selected were located in different geographic sections of the country. Also, the schools selected for the trial included both a public and a private institution - a trade and technical school and an independent school. They were both schools that primarily admit students directly from high school and those which had a broad age-range of students.

The trial questionnaires were in mimeographed form, but otherwise the packages of questionnaires were sent to the schools in an identical manner which had been planned for the study itself. Each school was asked to submit comments and criticisms of the directions for administering the questionnaires, as well as have the students themselves complete the questionnaires and return them. Following the return of the trial form of the first questionnaire, very few alterations or revisions were needed. However, the schools did suggest the placement of particular questions and spaces for the responses, and there were suggestions with regard to the directions for administering the questionnaire. The final form of the questions and the directions for administering were drawn up after this mail trial.

The trial for the second questionnaire did not come about until nearly a year after that of the first questionnaire. The same schools were asked to participate and, therefore, the trial of the second questionnaire for practical nursing students was carried out with the same students participating who had participated in the first trial. This was considered to be very advantageous since this would be the actual way in which the study questionnaires would be given. Once again, by the time the second questionnaire was ready for trial by mail, there was little need for very much revision of questions as a result of the trial. Throughout the construction of all the questionnaires, similar questions on each questionnaire were asked in an identical manner, if possible, in order that comparisons could be made between two like questions asked at different times in the student's career.

The third questionnaire was constructed in a similar manner and was sent approximately a year after graduation to the same students who had participated in the trials of questionnaires one and two. These questionnaires were mailed to the graduates' homes in order that approximate return rates on these questionnaires could be determined as well as actually trying the questionnaire itself. Once again, the questions on the third questionnaire were structured as nearly as possible in the same manner as those on the first and second questionnaires, and there was need for only slight revisions after the trial.

In all instances, the schools that participated in the trial of these questionnaires have been included in the regular mailings of reports and they also received reports regarding the students who participated. These reports to the individual schools that participated have been planned for the entire study as both an incentive and a reward for the needed cooperation of each school and its faculty.

The final form of letters, questionnaires, and directions, as they were used in the study, are all included in Appendix A.

Collection of the Data

The actual collection of the data for this study was completed entirely by mail. The primary source is the response of the students and graduates. These questionnaires were mailed to the schools for administration as long as the participants were students. This included the first and second questionnaires. The third questionnaire was sent to each participant one year after graduation to the address that had been requested on the second questionnaire.

For each school that agreed to participate in the program, the number of students expected to enroll in the entering class in the fall of 1962 had been received. A package was sent to each school containing the following: one questionnaire for each student expected to enroll, plus one questionnaire for the school file; one stamped, self-addressed envelope for each student who was to complete a questionnaire; a set of directions for the administration of the questionnaires; a self-addressed, stamped post card to confirm the arrival of the package and the date of the administration of the questionnaires to the students; and a covering letter. These were mailed two to three weeks in advance of the date the students were expected to enroll. If the post card confirming arrival had not been received within ten days, a follow-up phone call, telegram, or air mail letter was sent. Of the 117 packages that were sent to the schools, only one was apparently lost in the mails. However, the follow-up left adequate time for the second package to reach the school.

To insure the privacy of the students' responses, the directions called for each one to complete the questionnaire, put it in the return envelope, seal it, and return it to the staff member who administered the questionnaires. To insure as high returns as possible, the schools were requested to have the students return the sealed envelopes to the staff members so they could all be mailed at one time. No exact count of the students who did not complete the questionnaire has ever been obtained. However, a review of correspondence with the schools indicates that probably less than 20 entering students of these 117 schools failed to complete and return a questionnaire.

A letter, which included a complete list of the students who had participated in the study by filling out the first questionnaire, was sent to each school approximately three months before the expected graduation date of these students. The director of the school was requested to indicate on this list each student who would graduate on the expected date, each one who would graduate at a later date, and, for each one who would not graduate, one of ten reasons for nongraduation. A confirmation of the actual date of graduation was requested again at this time. In any case in which the school did not respond within four weeks of the mailing of the letter, a follow-up procedure was instituted.

Approximately six weeks before the expected graduation date, packages were sent to each school for administration of the second questionnaire. At this time, the package contained the following: one questionnaire for each student expected to graduate at this time, plus one questionnaire for the school file; one stamped, self-addressed envelope for each student who was to complete a questionnaire; a set of directions for the administration of the questionnaires; a letter of explanation about the study for each student; a self-addressed, stamped post card to confirm the arrival of the package and the date of administration of the questionnaires to the students; and a covering letter. If the post card confirming arrival had not been received within ten days, a follow-up phone call, telegram, or air mail letter was sent. The directions called for the questionnaires to be administered within two to four weeks of the graduation date. If the completed questionnaires had not yet been received from the students two weeks prior to the graduation date, a follow-up procedure was instituted.

Of the 3,014 students who responded to the first questionnaire, 2,336 were graduated. Forty of these students graduated some time between the expected data of graduation and one year after that expected date. However, these 40 students were included in a second questionnaire sent at the time of their graduation and were considered as graduates in the sample. Any student who may possibly have graduated from the school more than a year after the originally scheduled date of graduation was considered a withdrawal in this study. Of the students who completed the practical or vocational nursing program and graduated, 2,299, or 98.5 percent, responded to the second questionnaire. Because of the very high rate of response, no analysis was made to identify possible biases due to nonresponse.

On receipt of the second questionnaire from each person in the study, her name, address, and identifying code number were entered in a card file to be used for subsequent communication with the student. When the student had been graduated from the school of nursing for a full year, she was asked to complete the third questionnaire. This questionnaire was sent to her home address as indicated on the second questionnaire and it was accompanied by an explanatory letter and a self-addressed, stamped envelope. If the completed questionnaire had not been received in three weeks, a post card reminder was mailed to the graduate. In another three weeks, if the completed questionnaire had not been received, a second explanatory letter, second questionnaire, and a self-addressed, stamped envelope were sent to the student. After another three-week period, if there was still no completed questionnaire from the student, another letter, questionnaire, and envelope were sent to the student by certified mail. If at any time during these mailings, the questionnaires were returned undelivered by the post office, a letter requesting later known addresses was sent to the school from which the nurse graduated. Once again, the rate of return was very high. Of the 2,299 graduates who were mailed questionnaires, 2,167, or 94.3 percent, completed and returned the questionnaire. Of the 2,336 who had actually graduated from the schools, 92.8 percent completed and returned the third questionnaire (Table 3-4).

Table 3-4. Return of Questionnaire One Year After Graduation from Graduates of Practical Nursing Programs by Follow-up Procedure by Geographic Region of School

NLN Region	Number of P.N. Schools Represented	Students Sent Q3		Returned Before Follow-up		Returned Before Second Follow-up		Returned Before Third Follow-up		Total Returned	
		No.	%	No.	%	No.	%	No.	%	No.	%
Region I	34	679	100.0	334	49.2	431	63.5	576	84.8	640	94.3
Region II	25	627	100.0	342	54.5	427	68.1	532	84.8	594	94.7
Region III	37	651	100.0	295	45.3	401	61.6	538	82.6	611	93.9
Region IV	21	342	100.0	171	50.0	210	61.4	294	86.0	322	94.2
All regions	117	2,299	100.0	1,142	49.7	1,469	63.9	1,940	84.4	2,167	94.3

Approximately one-third of the questionnaires which were not completed and not returned apparently never reached the participants. There were 44 questionnaires that were returned by the post office for lack of an adequate address and no amount of inquiry through the school of nursing provided an address for actually reaching the graduate. Two graduates notified us that they did not wish to complete the questionnaire. One who had entered a convent soon after she completed the practical nursing program said that she had no intention of using her nursing education and did not wish to continue in the study. The other indicated that she had merely taken the course for her own interest, had no intention of ever practicing nursing, and did not wish to respond to any further questionnaires (Table 3-5).

Table 3-5. Number of Third Questionnaires Not Returned by Graduates of Practical Nursing Programs by Geographic Region of School

NLN Region	Number of P.N. Schools Represented	Number of Graduates Sent Q3	Questionnaires Not Returned				
			No.	Reason			
				Lack of Address		Other*	
				No.	%	No.	%
Region I	34	679	39	13	33.3	26	66.7
Region II	25	627	33	13	39.4	20	60.6
Region III	37	651	40	9	22.5	31	77.5
Region IV	21	342	20	9	45.0	11	55.0
All regions	117	2,299	132	44	33.3	88	66.7

*Includes 3 deceased and 2 who notified us of refusal to answer.

In looking at the response to school, there were 52 schools from which there was 100 percent response of graduates to the third questionnaire. The median response rate per school was 97.7 percent. The lowest rate was

64.7 percent Of the three schools with the lowest rate of response, there is no apparent common factor. However, in one instance, the graduating class numbered six and there were two nonrespondents; in another, the graduating class numbered 17 and there were six questionnaires returned by the post office for lack of an adequate address (Table 3-6).

Table 3-6. Percent of Returns of Third Questionnaire from Graduates of Practical Nursing Programs One Year After Graduation

Percent of Returns	Schools	
	No.	%
100 percent	52	44.4
95.0-99.9	14	12.0
90.0-94.9	26	22.2
85.0-89.9	9	7.7
80.0-84.9	8	6.8
75.0-79.9	5	4.3
70.0-74.9	0	0.0
65.0-69.9	3	2.6
Total	117	100.0

Coding of Questionnaires

The first three questionnaires from practical nursing students and graduates provided for approximately 166 responses. The responses were interpreted by numerical codes and punched on IBM cards. There were from three to five cards for each participant, depending on how many questionnaires the respondent completed (three cards for the first questionnaire and one each for the second and third).

Much of the coding of responses was done by the research associate. The coder was introduced to the coding of the biographic information, and reliability of the code was determined by agreement between the coder and the project director, who had developed the code. Except for the coding of occupations, little of the information in this section required interpretation; therefore, the critical determination of reliability was based on the respondent's response for her father's occupation. Initially, 93 percent agreement was attained. Through discussion and refinement of the code itself, an agreement of approximately 98 percent was achieved and maintained. Internal reliability determined on this same response with the coder alone showed an agreement between 98 and 98.6 percent.

Codes for the career plan section of the first, second, and third questionnaires were a coordinated effort of the project director and the research associate. These were based on a sample of responses as received and predicted by the study plan and made provision for extracting other responses which might occur.

The code for the long-answer, unstructured responses of the first questionnaire was written also in the manner described above, but the coding was done by a research assistant whom the project director had trained for this specific task. Since all of these responses required some degree of interpretation, every response in every questionnaire was coded by both the project director and the research assistant and none was considered final until there was agreement between the two coders.

Prior to key punching, each questionnaire was examined for gross errors, such as blanks, and all key punching was verified. After punching and verification, all IBM cards were checked by sorting on each column. In general, there were few detectable errors, but if any were found, they were corrected immediately.

As part of the first step in the data-processing, a register of coded responses was printed. These registers were examined carefully for inconsistent and questionable digits. Improbable code numbers occurring in any column were checked with the original questionnaire, and the entire card print-out for that subject was checked with the original questionnaire and code. Any errors detected were corrected before further processing.

Some responses on the original questionnaires were checked because plans for future data analysis depended on their complete accuracy. For example, respondents designating themselves as male were all verified, as were other responses when names and sex designation appeared to be incomparable. Also, marital status was verified when it appeared at variance with other responses.

Some of the improbable responses were checked with the original questionnaires because they occurred so infrequently as to raise questions of accuracy. For example, practical nursing students reporting a family income over $20,000 a year were double checked. In each case, the father's occupation indicated that the response was reasonable.

The first portion of the coded information was identifying information. Each participant retained the same identification number for all three questionnaires. Identification included the school she attended, the state in which the school was located, the region of the country in a 4-part division (according to NLN classification of regions), and the type of basic nursing program. Before sending the first and second questionnaires to the school, the code for this particular school was inserted; however, before sending the third questionnaire to the student's home address, the student's entire identification number was put on each questionnaire.

Whenever feasible, the code for a specific variable was limited to a single column. Open-ended questions were kept to a minimum to facilitate coding. However, for some variables, there were sufficient qualifying comments augmenting the choices offered on the questionnaire to warrant their consideration in the final development of the code. For example, when participants were asked to designate the clinical field in which they anticipated working or the clinical field in which they were working, the responses did not always conform to the choices given. The code for this variable was extended to accommodate all reasonable responses and to identify a response considered unreasonable or ambiguous.

When the same variable appeared on more than one questionnaire, the numerical code was held constant whenever possible. For example, in handling the variable "marital status," on all questionnaires, 1 meant single, 2 married, 3 widowed, and so on. The identical occupational code was used for occupation of the father, mother, and spouse.

The study's longitudinal aspect necessitated adding coded information learned about a participant through sources other than the predesigned questionnaires. For example, provisions had not been built into the questionnaires for participants to report transfer from one practical nursing program to another or a leave of absence resulting in delayed graduation. Both of these situations occurred and, although the number of participants involved was extremely small, it was deemed necessary to make separate entities of each item of information that appeared pertinent to future analyses. Also, items on withdrawal before graduation including a reason, such as death, and the point of occurrence in relation to the study and other reasons for nonresponse were provided for later within the date-processing scheme. Detailed information about the coding is included in Appendix B.

Analysis of the Data

After each questionnaire had been coded and the information transferred to IBM cards, additional information obtained from the school of nursing or student or graduate was entered on one of the cards. This information included that of withdrawal; time of graduation, if it was not at the regularly scheduled time; reason for withdrawal or late graduation; transfer of the student to another practical nursing program or, in the case of withdrawal, from the practical nursing program entirely; entrance to another type of nursing program - this type of program was identified if known; and whether or not the graduate responded to the second and third questionnaires. Each deck of cards, as it was completed, was run on the 7094 IBM computer.

The program for the computer for this first run produced two sets of information. The first set was truly a printout register of all the information punched on each student's card; the second was a full listing of tabulations of every code group being used for interpreting the responses. The program was designed to produce these tabulations in six different forms. The information giving the actual numerical counts in each variable classification was recorded for each participating school, a subtotal for all the schools in each state, a further subtotal for each one of the NLN geographic regions, and a final total for the entire group of participants. In addition to these numerical tabulations, percentage tabulations were computed for all of the numbers for these subtotals according to region and for the national total for the entire study.

Much of the data for this study were to be reported purely in tabular form in numbers or percentages. However, it was planned also that many tabulations should be computed using specific control. For instance, tabulations of salary reported for nursing work for the entire sample would confuse the picture. It would be necessary to control on full- and part-time employment in order to get an adequate picture of the income from nursing from these tabulations. Therefore, tabulations regarding salary were needed that would include only full-time workers in one tabulation, only part-time workers in another tabulation, and exclude all those not actually working in nursing. In order to do this, additional programing was provided for the computer that would allow many variations of this type of partial table.

In addition to these tabulations of portions of the sample, another type of analysis was foreseen. This included computations of relationship between two variables. This was not limited to two variables on the same card of information but needed in order to make it possible to compare the relationship between any two variables in the entire set of responses for any given individual or group of individuals. The most common statistical tests that would be appropriate for determining significant relationships were the chi-square and the Personian r.

Because of these many needs in terms of analysis, two additional programs were written for the 7094 that would allow for any of this information to be obtained. The first program was designed to place all of the data for every respondent on a single tape in a manner in which any of the above procedures could be applied. The second program for this analysis used the tape containing all information about each participant. The latter program produces cross tabulations of any two variables, excluding any single variable classification appropriate. It also allows for regrouping of certain variables and allows for controls on up to four additional variables. For each one of these cross tabulations, horizontal and vertical percentages are calculated and recorded. In addition to this, chi-square, coordinating coefficient, and corrected coefficient with degrees of freedom and estimate of probability level are computed. In addition, for each table, Personian r is computed and, again, an approximate probability level is indicated. In addition to this information, the mean and standard deviation are recorded for each of the variables. With this program, it is now possible to obtain all of the information needed if the chi-square test is appropriate and all of the information needed if the Personian r is the appropriate statistic. If neither of these is the appropriate statistic, the mean and standard deviation are available for calculation of other statistics. Throughout the report, wherever statistical tests of significance are used, whichever test is used is reported in each instance.

CHAPTER IV

STUDENTS ENTERING PRACTICAL NURSING PROGRAMS

The first questionnaire was sent by package to each practical nursing school where students were expected to enroll during the fall of 1962. Each school was asked to administer this questionnaire to every student in the class entering at that time. Questionnaires were received from the students entering the 117 programs participating in the study, the total number being 3,014.

Information in this chapter refers to all of the students who entered the programs and completed the questionnaires. Information on any part of these students will be reported elsewhere. For instance, information about students who entered but did not graduate will be reported in Chapter VII, along with information pertaining specifically to those who entered and did graduate.

Demographic Characteristics

Biographic data included sex and age; marital status and children; place of birth; information on high school attended; parents' birthplace, occupation, and education; ethnic group; religion; and family income.

Sex and Age of Respondents

As might be expected, the predominant sex of the students entering the practical nursing programs in the fall of 1962 was female. In the entire sample, there were only 63 men who entered these 117 schools during that period of time (Table 4-1).

Table 4-1. Sex of Entering Practical Nursing Students
by Geographic Region of School *

Sex	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Female	936	98.4	764	98.7	808	96.8	443	97.6	2,951	97.9
Male	15	1.6	10	1.3	27	3.2	11	2.4	63	2.1
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

*NLN Region I (North Atlantic) Conn., Del., D.C., Me., Mass., N.H., N.J., N.Y., Pa., R.I., Vt.
Region II (Midwestern) Ill., Ind., Iowa, Kan., Mich., Minn., Mo., Neb., N.D., Ohio, S.D., Wis.
Region III (Southern) Ala., Ark., Fla., Ga., Ky., La., Md., Miss., N.C., Okla., Puerto Rico, S.C., Tenn., Tex., Va., W.Va.
Region IV (Western) Alaska, Ariz., Calif., Colo., Hawaii, Idaho, Mont., Nev., N.M., Ore., Utah, Wash., Wyo.

The age of the persons entering the practical nursing programs varied considerably. Although most educational programs admit students who are predominantly under twenty years of age, practical nursing schools tend to admit a larger number over twenty. Less than half, or 45.3 percent of the students admitted to the schools in the study, fell in the age range of 14 to 19; while slightly over half of the students were twenty years of age or older (Table 4-2).

However, there was considerable variation by region. In both Regions III and IV, less than 30 percent of the students entering practical nursing in the fall of 1962 were nineteen years of age or less. Region I had the largest proportion of the younger ages - 63 percent in the age range 14 through 19. This question had a small nonresponse, amounting to 2.5 percent in the entire group. The regional variation was from 1 percent in Region II to 4 percent in Region IV.

Table 4-2. Age of Entering Practical Nursing Students
by Geographic Region of School

Age in Years	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
14-17	235	24.7	48	6.2	35	4.2	16	3.5	334	11.1
18-19	364	38.3	349	45.1	201	24.1	118	26.0	1,032	34.2
20-24	99	10.4	103	13.3	158	18.9	74	16.3	434	14.4
25-29	44	4.6	40	5.2	102	12.2	44	9.7	230	7.6
30-34	38	4.0	42	5.4	73	8.7	33	7.3	186	6.2
35-44	92	9.7	98	12.7	160	19.2	78	17.2	428	14.2
45 and over	50	5.3	86	11.1	85	10.2	73	16.1	294	9.8
No answer	29	3.0	8	1.0	21	2.5	18	4.0	76	2.5
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Marital Status and Children

From the age ranges represented, marital status of the students entering practical nursing programs in the fall of 1962 followed approximately the same pattern as one would expect. In the entire sample, approximately 57 percent were single; 32 percent married; and 10 percent had been married. Here again there was considerable regional variation in the reporting of marital status. Those reporting themselves single in Regions III and IV were 40 and 41.2 percent respectively, 60.1 percent in Region II, and 76.8 percent in Region I (Table 4-3).

Table 4-3. Marital Status of Entering Practical Nursing Students
by Geographic Region of School

Marital Status	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Single	730	76.8	465	60.1	334	40.0	187	41.2	1,716	56.9
Married	169	17.8	217	28.0	384	46.0	187	41.2	957	31.8
Widowed	13	1.4	20	2.6	33	4.0	18	4.0	84	2.8
Divorced	14	1.5	31	4.0	41	4.9	37	8.1	123	4.1
Separated	18	1.9	26	3.4	32	3.8	21	4.6	97	3.2
Religious - Brother or Sister	3	0.3	4	0.5	2	0.2	0	0.0	9	0.3
Undetermined	4	0.4	11	1.4	9	1.1	4	0.9	28	0.9
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Approximately 10 percent of the entering students indicated that they were widowed, divorced, or separated, and there was considerable regional variation. The students indicating these responses in Region I were slightly less than 5 percent, whereas those indicating themselves in this group ranged as high as 16.7 percent in Region IV. In the coding of this question, the religious Brothers and Sisters were coded separately. However when these persons are added to the single category, it does not alter the picture markedly. There was a very small nonresponse to this question.

The report of the number of children of the married and formerly married women students indicates that a very large percentage of them had one child or more. In this particular question, there is a high probability that most of the no-answers were, in truth, an indication of no children. However, these two were kept separate and in the entire group, 9.2 percent actually indicated they had no children; 8.1 percent did not respond to the question (Table 4-4).

Table 4-4. Number of Children of Married and Formerly Married Women
Entering Practical Nursing School by Geographic Region of School

Number of Children	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
No children	18	8.5	31	10.7	42	8.8	23	8.8	114	9.2
One	36	17.1	54	18.7	98	20.6	46	17.6	234	18.9
Two	60	28.4	75	26.0	129	27.2	73	28.0	337	27.3
Three	42	19.9	60	20.8	90	18.9	51	19.5	243	19.7
Four	20	9.5	31	10.7	42	8.8	24	9.2	117	9.5
Five or more	17	8.1	23	8.0	31	6.5	20	7.7	91	7.4
No answer	18	8.5	15	5.2	43	9.1	24	9.2	100	8.1
Total	211	100.0	289	100.0	475	100.0	261	100.0	1,236	100.0

For the entire group of married and formerly married women, 82.8 percent had at least one child. Approximately 17 percent had four or more children. Although the overall picture of married and formerly married students entering practical nursing programs varied considerably from region to region, the family picture of these married women retained approximately the same proportions in each region. There was very little variation by region in any one of the categories indicating the number of children in the family.

Table 4-5. Place of Birth of Entering Practical Nursing Students
by Geographic Region of School

Birthplace	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Continental U.S.A.	870	91.5	757	97.8	768	92.0	426	93.8	2,821	93.6
Puerto Rico	28	2.9	1	0.1	50	6.0	0	0.0	79	2.6
Other states, territories, and possessions	3	0.3	0	0.0	1	0.1	2	0.4	6	0.2
Canada	5	0.5	4	0.5	2	0.2	9	2.0	20	0.7
Other	42	4.4	9	1.2	12	1.4	14	3.1	77	2.6
Unknown	3	0.3	3	0.4	2	0.2	3	0.7	11	0.4
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Place of Birth

As might well be expected, the largest proportion of the students were from continental United States. In all, 93.6 percent were actually born in the then 48 states and the District of Columbia. An additional 2.8 percent reported their birthplace as Puerto Rico, Hawaii, Alaska, or other U.S.A. territories or possessions. Only 3.3 percent indicated that they were not natural-born citizens of the United States. The nonresponse was very small (Table 4-5).

The largest group of foreign-born students were registered in schools in Region I. Practically all of the students who indicated their birthplace as Puerto Rico were in either Region I or Region III, which includes Puerto Rico itself.

Information Regarding High School

The students were asked to indicate the size of the community in which their high school was located. Well over half indicated they had attended high school in a community of less than 20,000 people. Over 30 percent indicated that the community was under 2,500 people (Table 4-6).

Table 4-6. Size of Community of High School Attendance
of Entering Practical Nursing Students
by Geographic Region of School

Community Size	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Under 2,500	171	18.0	278	35.9	358	42.9	144	31.7	951	31.6
2,500-4,999	85	8.9	54	7.0	76	9.1	35	7.7	250	8.3
5,000-9,999	98	10.3	79	10.2	77	9.2	37	8.1	291	9.7
10,000-19,999	111	11.7	67	8.7	70	8.4	61	13.4	309	10.3
20,000-49,999	113	11.9	65	8.4	54	6.5	42	9.3	274	9.1
50,000-99,999	47	4.9	74	9.6	41	4.9	24	5.3	186	6.2
100,000-249,999	41	4.3	37	4.8	37	4.4	34	7.5	149	4.9
250,000-1,000,000	40	4.2	27	3.5	25	3.0	31	6.8	123	4.1
Over 1,000,000	176	18.5	39	5.0	19	2.3	14	3.1	248	8.2
Unknown	69	7.3	54	7.0	78	9.3	32	7.0	233	7.7
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

In the divisions of community size that were used for this question, the largest group by far was in the community of under 2,500 people. In Region I, the percentage of students reporting a community of under 2,500 was almost equivalent to the percentage of students in that region reporting a community of over 1,000,000. This, no doubt, is related to the size of the communities in Region I as compared to other regions and also the provisions for vocational education in that region as compared to the other regions. Although provision for vocational education has been very strong in Region I, until the past few years it has been provided primarily in the large cities of the region, not in the rural areas. In the other regions of the country, with their population distributed more evenly than in Region I, the provision of vocational schools has not been clustered, to the same extent, in the large cities.

By far the largest group of students had attended a high school that was located in the same state in which they were now attending a practical nursing school. In all, 77.5 percent attended high school in the same state. The regional differences were considerable, ranging from 60.4 percent in Region IV to 84.4 percent in Region I. Naturally, those who attended high school in a different state from the one in which they were registered in a practical nursing program showed the reverse of this picture. Approximately 18.3 percent of the students in the entire sample had attended school in a different state. This ranged from 11.8 percent in Region I to 34.4 percent in Region IV (Table 4-7).

Table 4-7. Comparative Location of High School and Practical Nursing School of Entering Practical Nursing Students by Geographic Region of School

Location	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Same state	803	84.4	605	78.2	655	78.4	274	60.4	2,337	77.5
Different state or territory	112	11.8	151	19.5	133	15.9	156	34.4	552	18.3
Different country	16	1.7	3	0.4	8	1.0	12	2.6	39	1.3
Undetermined	20	2.1	15	1.9	39	4.7	12	2.6	86	2.9
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Although there were 97 students who indicated that they had been born outside of the United States or its territories, only 39 had attended high school in a foreign country. Some of the remainder of this 97 could well be included in the undetermined group of 86 students.

In the entire sample, 77.5 percent reported that they had graduated from high school. Here again there was considerable range by region, from 73.8 percent in Region IV to 86.7 percent in Region II. The nonresponse to this question was negligible - only two (Table 4-8).

Table 4-8. Graduation and Nongraduation from High School of Entering Practical Nursing Students by Geographic Region of School

Item	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Graduations	708	74.4	671	86.7	622	74.5	335	73.8	2,336	77.5
Nongraduations	243	25.6	102	13.2	212	25.4	119	26.2	676	22.4
Unknown	0	0.0	1	0.1	1	0.1	0	0.0	2	0.1
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Of the 2,336 high school graduates entering the practical nursing programs, by far the largest proportion of them ranked in the second or third quarter of their graduating class. In Region I this group comprised almost three quarters of the students, and in other regions well over 60 percent. For all regions, about seventy percent were in the second or third quarter (Table 4-9).

For these same high school graduates, the size of the graduating class was used as some index of the size high school that the student attended. The proportion of those attending small schools with graduating classes under 50 was approximately one-fourth of the group. The regional variation in this figure appeared, upon inspection, very similar to the variation in the size of the community in which the student had lived during her high school years. Approximately 11 percent of the students in Region I attended high schools with classes of under 50, but approximately 30 to 37 percent of the students in Regions II, III, and IV attended high schools with classes under 50 (Table 4-10).

Table 4-9. Academic Standing of High School Graduates
Entering Practical Nursing School
by Geographic Region of School

Academic Standing	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Top fourth	44	6.2	120	17.9	115	18.5	58	17.3	337	14.4
Second fourth	237	33.5	283	42.2	230	37.0	135	40.3	885	37.9
Third fourth	291	41.1	179	26.7	159	25.6	72	21.5	701	30.0
Bottom fourth	53	7.5	33	4.9	28	4.5	15	4.5	129	5.5
Unknown	83	11.7	56	8.3	90	14.5	55	16.4	284	12.2
Total	708	100.0	671	100.0	622	100.0	335	100.0	2,336	100.0

Table 4-10. Size of Graduating Class of High School Graduates
Entering Practical Nursing School
by Geographic Region of School

Size of Graduating Class	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
1-49	81	11.4	203	30.3	229	36.8	107	31.9	620	26.5
50-99	107	15.1	121	18.0	130	20.9	48	14.3	406	17.4
100-199	184	26.0	143	21.3	108	17.4	55	16.4	490	21.0
200-299	114	16.1	76	11.3	52	8.4	38	11.3	280	12.0
300-499	119	16.8	84	12.5	61	9.8	50	14.9	314	13.4
500 and over	83	11.7	33	4.9	14	2.3	28	8.4	158	6.8
No answer	20	2.8	11	1.6	28	4.5	9	2.7	68	2.9
Total	708	100.0	671	100.0	622	100.0	335	100.0	2,336	100.0

In addition to their high school education, the students were asked if they had previously attended any type of nursing education program. Of the entire group of students, there were only 196 who indicated previous enrollment in a nursing program. Slightly over half had attended a diploma program; however, there was considerable regional variance, ranging from 36.4 percent in Region IV to 64.1 percent in Region I (Table 4-11).

Table 4-11. Type of Nursing Program Previously Attended by 196 Students Entering Practical Nursing Programs in Fall of 1962 by Geographic Region of School

Type of Nursing Program	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Vocational or practical	5	7.8	5	11.6	10	17.9	4	12.1	24	12.2
Associate degree	2	3.1	2	4.7	0	0.0	0	0.0	4	2.0
Diploma	41	64.1	27	62.8	21	37.5	12	36.4	101	51.5
Baccalaureate degree	1	1.6	2	4.7	5	8.9	6	18.2	14	7.1
Unlisted, unknown	15	23.4	7	16.3	20	35.7	11	33.3	53	27.0
Total	64	100.0	43	100.0	56	100.0	33	100.0	196	100.0

The next highest group were those who had attended a vocational or practical school at some previous time. This amounted to 12.2 percent of the entire group, that is, of those who had attended any nursing program previously. Of that 196, 14 had attended a baccalaureate degree program and 4 indicated that they had attended an associate degree program. There were 53 who indicated that they had attended a program, but it was not possible to classify them by the four types of programs that are common at the present time. These 53 included foreign schools of nursing, training programs in the medical corps of the armed forces, and otherwise unidentifiable programs.

Information About Parents

The students were asked to indicate information about their father and, later on, similar information about their mother. In the entire group of students, 73.2 percent reported that their father was living at the time they entered the practical nursing program. This figure seems high when related to the fairly large number of the higher age group of students who entered practical nursing programs (Table 4-12).

Table 4-12. Fathers Reported as Living by Entering Practical Nursing Students by Geographic Region of School

Father	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Living	724	76.1	598	77.3	570	68.3	313	68.9	2,205	73.2
Not living	218	22.9	175	22.6	262	31.4	138	30.4	793	26.3
Unknown	9	0.9	1	0.1	3	0.4	3	0.7	16	0.5
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Of the nearly 94 percent of the students who themselves had been born in continental United States, 82.7 percent of the fathers were born in continental United States. Although the percents themselves vary, the regional differences of fathers' birthplace follow the same pattern as that for the birthplace of the students (Table 4-13).

The marked difference in actual number of fathers born in foreign countries was increased considerably to

10.7 percent. Also, the unreported or unknown increased nearly tenfold from that reported by the students themselves. However, the unknown or nonresponse amounted to less than 4 percent of the entire group.

Table 4-13. Birthplace of Fathers of Entering Practical Nursing Students
by Geographic Region of School

Birthplace	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Continental U.S.A.	720	75.7	693	89.5	701	84.0	380	83.7	2,494	82.7
Puerto Rico	33	3.5	2	0.3	44	5.3	0	0.0	79	2.6
Other U.S.A.	4	0.4	0	0.0	0	0.0	0	0.0	4	0.1
Canada	17	1.8	6	0.8	3	0.4	11	2.4	37	1.2
Other	144	15.1	54	7.0	38	4.6	49	10.8	285	9.5
Unknown	33	3.5	19	2.5	49	5.9	14	3.1	115	3.8
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Table 4-14. Occupations of Fathers of Entering Practical Nursing Students
by Geographic Region of School

Occupation	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Medically oriented	16	1.7	8	1.0	9	1.1	8	1.8	41	1.4
Teacher	11	1.1	3	0.4	4	0.5	1	0.2	19	0.6
Clergy	11	1.1	8	1.0	7	0.8	4	0.9	30	1.0
Other service type	17	1.8	11	1.4	11	1.3	6	1.3	45	1.5
Other professional and semiprofessional	56	5.9	24	3.1	18	2.2	19	4.2	117	3.9
Sales and clerical	169	17.8	98	12.7	73	8.7	52	11.5	392	13.0
Farmer-rancher	37	3.9	133	17.2	171	20.5	75	16.5	416	13.8
Other out-of-door	21	2.2	21	2.7	22	2.6	19	4.2	83	2.8
Skilled	243	25.6	188	24.3	171	20.5	99	21.8	701	23.3
Semiskilled	75	7.9	75	9.7	66	7.9	34	7.5	250	8.3
Unskilled, domestic	89	9.4	90	11.6	77	9.2	40	8.8	296	9.8
Unknown	206	21.7	115	14.9	206	24.7	97	21.4	624	20.7
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

In reporting the occupation of their fathers, the greatest response was in the area of skilled workers. In the entire sample, 23.3 percent of the fathers were reportedly in an occupation of skilled work of some kind. Although the Dictionary of Occupational Titles makes a clear division between the semiskilled and unskilled workers, the amount of information received from the students made it difficult to discern exactly to which grouping these responses should be assigned. So, perhaps, it is necessary to combine the semiskilled and unskilled and domestic workers. In this case, it meant that the next most common occupations reported fell in this area, amounting to approximately 18 percent of the entire group (Table 4-14).

The next two occupational groupings that received a high response from the students were those of farmer and rancher, 13.8 percent, and sales and clerical positions, 13 percent. It is in these two occupational groupings that the largest regional variation occurred. There was extensive regional variation in the reporting of farmer or rancher as the father's occupation, ranging from 3.9 percent in Region I to 20.5 percent in Region III. This very low percentage in Region I no doubt reflects the characteristics of Region I - the very low percentage of the population occupied in farming in Region I certainly is reflected; the practical nursing schools in Region I are located predominantly in metropolitan areas. The nonanswer or nonresponse to this question was slightly over 20 percent. For the most part, this consisted of fathers who were deceased at the time the student entered nursing. It also included a fair number of retired persons whose occupations were not actually stated.

The employment status of the fathers, as discerned from the students' responses, indicated that well over half of the fathers were employed, either now or in their period of working before retirement or death. Once again, there is a large number of responses that did not allow for determination of employment status - 22 percent in the entire group. For the most part, the self-employed fathers were farmers, ranchers, or skilled workers who operated a one-man service of some type. The skilled workers operating a service included such a person as a plumber who worked on an individual basis or an electrical repairman who functioned as a one-man business. The employment status of the fathers in Region I differed somewhat from the other three regions. In Region I, employed fathers were reported in a higher percentage (Table 4-15).

Table 4-15. Employment Status of Fathers as Reported
by Entering Practical Nursing Students
by Geographic Region of School

Employment Status	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Self-employed										
Now	118	12.4	164	21.2	120	14.4	69	15.2	471	15.6
Formerly	34	3.6	55	7.1	112	13.4	63	13.9	264	8.8
Employed										
Now	476	50.1	337	43.5	294	35.2	155	34.1	1,262	41.9
Formerly	91	9.6	96	12.4	97	11.6	57	12.6	341	11.3
Unemployed	3	0.3	1	0.1	6	0.7	3	0.6	13	0.4
Unknown	229	24.1	121	15.6	206	24.7	107	23.6	663	22.0
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The social index classification assigned to each parent was determined from the reported occupation, the employment status, and the parent's education. If any one of these was missing, it was not possible to determine the social index classification. This resulted in over a third of the fathers for whom the social index was not identifiable. The social index classification for a skilled worker or a sales or clerical worker with an average of 10 or

12 years of schooling was classified as number four. Some skilled workers with less education or the unskilled and domestic workers with the usual education for people of this group received classification five (Table 4-16).

Table 4-16. Social Index Classification of Fathers as Determined from Responses of Entering Practical Nursing Students by Geographic Region of School

Social Index	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
One	8	0.8	8	1.0	3	0.4	7	1.5	26	0.9
Two	54	5.7	21	2.7	12	1.4	14	3.1	101	3.4
Three	103	10.8	86	11.1	37	4.4	41	9.0	267	8.9
Four	330	34.7	282	36.4	212	25.4	121	26.7	945	31.4
Five	153	16.1	165	21.3	190	22.8	88	19.4	596	19.8
Not identifiable	303	31.9	212	27.4	381	45.6	183	40.3	1,079	35.8
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Very appropriately, according to the occupational information known about the fathers, nearly a third of them were classified in social index four, and approximately a fifth were classified in social index five. On a 5-point scale, these are the lowest classifications. Once again, there was considerable regional variation in the responses to this question. The very high nonresponse in Regions III and IV, 45.6 percent and 40.3 percent respectively, indicates that the regional variations cannot be very meaningful.

Table 4-17. Education of Fathers of Entering Practical Nursing Students by Geographic Region of School

Education in Years	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Eight or under	250	26.3	313	40.4	401	48.0	184	40.5	1,148	38.1
Nine	53	5.6	53	6.8	52	6.2	25	5.5	183	6.1
Ten	109	11.5	61	7.9	63	7.5	28	6.2	261	8.7
Eleven	59	6.2	37	4.8	49	5.9	26	5.7	171	5.7
Twelve	210	22.1	165	21.3	109	13.1	94	20.7	578	19.2
Thirteen	32	3.4	28	3.6	14	1.7	9	2.0	83	2.8
Fourteen	45	4.7	22	2.8	16	1.9	12	2.6	95	3.2
Fifteen	10	1.1	8	1.0	5	0.6	11	2.4	34	1.1
Sixteen and over	66	6.9	31	4.0	24	2.9	25	5.5	146	4.8
Unknown	117	12.3	56	7.2	102	12.2	40	8.8	315	10.5
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The education of the fathers was reported in number of years. Although patterns of schooling in different regions of the country vary somewhat, 12 years of education is considered equivalent to a high school education. Even considering that, at the time of the father's schooling, some of the southern states had high school graduation at the end of the eleventh grade and the Canadian schools have a graduation at the end of the eleventh year of education, it can still be assumed that more than half of the fathers had less than a full high school education. Assuming that 12 years of schooling is equivalent to a high school education, approximately one-fifth of the fathers had a high school education (Table 4-17).

Only about 12 percent of the fathers were reported to have had any education beyond 12 years. From the way the question was asked, it is impossible to tell whether or not education beyond 12 years was actually college education or some trade school preparation. There were considerable regional variations in the response to this question. The report for Region III indicates that there was a considerably higher group, nearly 70 percent, who had had less than 12 years of education and only 13 percent with a high school education. Region I also varied from the total United States picture in that the number with education of 8 years or less was very low compared to the other three regions, and those with over 12 years of education represented about 16 percent of the group in Region I. In this particular instance, the response of all the students in the group does not reflect an accurate picture because of the wide differences of Region I and Region III which cancel each other out when looking at the entire group picture.

Identical information was received concerning the mother of the respondents. For 85.6 percent of the respondents, the mother was apparently living at the time the student entered the practical nursing school. Some regional variations, no doubt, relate to the regional variations in age. The report of the mother living was nearly 90 percent in Region I and closer to 81 percent in Region IV (Table 4-18).

Table 4-18. Mothers Reported as Living by Entering Practical Nursing Students by Geographic Region of School

Mother	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Living	853	89.7	665	85.9	693	83.0	369	81.3	2,580	85.6
Not living	97	10.2	109	14.1	142	17.0	83	18.3	431	14.3
Unknown	1	0.1	0	0.0	0	0.0	2	0.4	3	0.1
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The birthplace of the mother followed a very similar pattern to that reported for the father. However, there was a slight increase in the percentage of mothers, 86 percent, who were born in continental United States. Compensating for this, there was a slight decrease to 7.6 percent of the mothers who were born in foreign countries other than Canada (Table 4-19).

Although the occupational groupings of the mothers is a report on slightly more than half the number, it is presumed that many of those for whom no occupation was indicated at all would be added to the housewife classification.

The highest response to this question indicated that 31 percent of all the mothers were occupied as housewives. Of the actual occupations that take the mother out of the home, the highest response group was that of sales and clerical positions, 8.3 percent. The next highest single groupings, as they were coded, were the semiskilled, 5.4 percent, and unskilled workers, 4 percent (Table 4-20).

Although the percentage of those mothers who were occupied in nursing or related occupations was rather small, it is important to note how many were in these types of occupations. The entire group of medically oriented positions included 6.6 percent of all the mothers. Of this group, 1.4 percent were registered nurses, 1.6 percent were licensed practical nurses, and 3.6 percent were in other medically oriented positions, such as nursing aide,

Table 4-19. Birthplace of Mothers of Entering Practical Nursing Students by Geographic Region of School

Birthplace	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Continental U.S.A.	751	79.0	708	91.5	735	88.0	397	87.4	2,591	86.0
Puerto Rico	33	3.5	3	0.4	45	5.4	0	0.0	81	2.7
Other U.S.A.	3	0.3	0	0.0	0	0.0	0	0.0	3	0.1
Canada	33	3.5	10	1.3	3	0.4	11	2.4	57	1.9
Other	116	12.2	46	5.9	28	3.4	39	8.6	229	7.6
Unknown	15	1.6	7	0.9	24	2.9	7	1.5	53	1.8
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Table 4-20. Occupations of Mothers of Entering Practical Nursing Students by Geographic Region of School*

Occupation	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Registered nurse	20	2.1	7	0.9	6	0.7	8	1.8	41	1.4
Licensed practical nurse	17	1.8	5	0.6	20	2.4	5	1.1	47	1.6
Other medically oriented	33	3.5	32	4.1	30	3.6	14	3.1	109	3.6
Teacher	8	0.8	14	1.8	6	0.7	10	2.2	38	1.3
Housewife	259	27.2	241	31.1	302	36.2	131	28.9	933	31.0
Other service type	4	0.4	3	0.4	1	0.1	0	0.0	8	0.3
Other professional and semi-professional	2	0.2	1	0.1	1	0.1	3	0.7	7	0.2
Sales and clerical	118	12.4	72	9.3	33	4.0	27	5.9	250	8.3
Out-of-doors	0	0.0	2	0.3	2	0.2	2	0.4	6	0.2
Skilled	22	2.3	9	1.2	15	1.8	9	2.0	55	1.8
Semiskilled	59	6.2	51	6.6	43	5.1	11	2.4	164	5.4
Unskilled	49	5.2	21	2.7	40	4.8	10	2.2	120	4.0
All others	360	37.9	316	40.8	336	40.2	224	49.3	1,236	41.0
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

hospital dietitian, physical therapist, and social worker in a hospital. The few others who were reported to be working in a specific occupation were in a large variety of occupations.

The employment status of the mothers was determined in the same manner as for the fathers. It was only possible to determine employment status for about 27 percent of the mothers. Twenty-five and four-tenths percent of the mothers were employed as opposed to 1.7 percent who were self-employed. The formerly employed figure is rather meaningless here as 30 percent of the mothers' present occupation was given as housewife. It is well possible that the housewives were formerly employed or formerly self-employed (Table 4-21).

Table 4-21. Employment Status of Mothers as Reported by Entering Practical Nursing Students by Geographic Region of School

Employment Status	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Self-employed										
Now	14	1.5	17	2.2	13	1.6	7	1.5	51	1.7
Formerly	2	0.2	1	0.1	0	0.0	0	0.0	3	0.1
Employed										
Now	304	32.0	196	25.3	181	21.7	86	18.9	767	25.4
Formerly	2	0.2	3	0.4	1	0.1	4	0.9	10	0.3
Not employed and not identifiable	629	66.1	557	72.0	640	76.6	357	78.6	2,183	72.4
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The social index classification for the mothers was figured in the same manner as that for the fathers. Again, it was only possible to determine a social index for about 27 percent of the mothers. In the entire group, 11.5 percent fell in social index classification number four and 9.6 percent in classification five. There was no mother in the entire sample whose social index classification was computed as one (Table 4-22).

Table 4-22. Social Index Classification of Mothers as Determined from Responses of Entering Practical Nursing Students by Geographic Region of School

Social Index	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Two	29	3.0	24	3.1	11	1.3	18	4.0	82	2.7
Three	41	4.3	20	2.6	14	1.7	13	2.9	88	2.9
Four	146	15.4	96	12.4	67	8.0	37	8.1	346	11.5
Five	106	11.1	68	8.8	90	10.8	26	5.7	290	9.6
Unknown	629	66.1	566	73.1	653	78.2	360	79.3	2,208	73.3
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The mothers' education in years, again, was coded in the same manner as that for the fathers. Although the median number of years of education for mothers and fathers both was 10, the distribution showed a slightly higher educational level for the total group of mothers than for the fathers. Part of this might be due to the fact that the nonresponse for the mothers was less than that for the fathers.

In looking at the educational background of the mothers, 35.9 percent had 8 years of schooling or less and 23.3 percent had 12 years of schooling or, presumably, were high school graduates. The number of high school graduates was slightly higher than that for the fathers. Although the mothers having 13 or 14 years of education, presumably one or two years of college, was greater than that for the fathers, the actual completion of college was not as high as for the fathers. The regional variation was similar to that for the fathers. The mothers of the students who entered schools in Region I appeared to have a higher educational level than those in the other three regions. The mothers in Region III appeared to have a lower educational level (Table 4-23).

Table 4-23. Education of Mothers of Entering Practical Nursing Students
by Geographic Region of School

Education in Years	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Eight or under	250	26.3	282	36.4	405	48.5	147	32.4	1,084	35.9
Nine	57	6.0	43	5.6	47	5.6	20	4.4	167	5.5
Ten	97	10.2	60	7.8	67	8.0	46	10.1	270	9.0
Eleven	68	7.2	48	6.2	70	8.4	31	6.8	217	7.2
Twelve	269	28.3	204	26.4	129	15.4	99	21.8	701	23.3
Thirteen	39	4.1	26	3.4	12	1.4	15	3.3	92	3.1
Fourteen	41	4.3	42	5.4	20	2.4	20	4.4	123	4.1
Fifteen	27	2.8	13	1.7	11	1.3	11	2.4	62	2.1
Sixteen and over	38	4.0	30	3.9	12	1.4	29	6.4	109	3.6
Unknown	65	6.8	26	3.4	62	7.4	36	7.9	189	6.3
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The students were asked to indicate the composition of their family group by indicating the number of brothers and sisters that they had. In looking at the composition in terms of sex, nearly 76 percent of the students came from a family group in which there were both boys and girls. In the entire group, there were 16.1 percent who came from an all-girl family and 0.5 percent from an all-boy family. There were 6.3 percent who indicated they were an only child. The nonresponse to this question was approximately 1 percent of the total. There was some regional variation in the responses - in the families of mixed composition, Region III had approximately 81 percent, while Region I had approximately 71 percent. The reverse of this showed up in the all-girl family responses. The response to this ranged from 13.4 percent in Region III to a high of 19.6 percent in Region I (Table 4-24).

In addition to indicating the number of brothers and sisters, the students also responded in a way so that the placement within the family group of children could be determined. In addition to the already mentioned 6.3 percent who indicated they were an only child, the oldest in the family, the youngest in the family, and those of midplacement (neither the oldest nor the youngest) in a family of three or more were determined. Forty-two and five-tenths percent of the students were neither the oldest nor the youngest in a family of three or more. Approximately one-fourth of the students were the oldest in a family of two or more and approximately one-fifth were the

Table 4-24. Family Composition as Reported by Entering Practical Nursing Students by Geographic Region of School

Family Composition	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Only child	64	6.7	50	6.5	46	5.5	31	6.8	191	6.3
All-boy family	3	0.3	4	0.5	4	0.5	3	0.7	14	0.5
All-girl family	186	19.6	123	15.9	112	13.4	64	14.1	485	16.1
Mixed boys and girls	680	71.5	589	76.1	669	80.1	350	77.1	2,288	75.9
Unknown	18	1.9	8	1.0	4	0.5	6	1.3	36	1.2
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

youngest in a family of two or more. There were slightly less than 4 percent of the students for whom placement in the family of children was unknown (Table 4-25).

Table 4-25. Sibling Placement of Entering Practical Nursing Students by Geographic Region of School

Placement	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Only child	64	6.7	50	6.5	46	5.5	31	6.8	191	6.3
Oldest	252	26.5	197	25.5	211	25.3	112	24.7	772	25.6
Youngest	226	23.8	171	22.1	165	19.8	96	21.1	658	21.8
Midplacement	372	39.1	325	42.0	390	46.7	194	42.7	1,281	42.5
Unknown	37	3.9	31	4.0	23	2.8	21	4.6	112	3.7
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The students were asked to report to which ethnic group they considered that they belonged. They were given the three alternatives of white, Negro, and Oriental and there was a space for "other" with a blank for them to specify to which ethnic group they were referring. In the entire group, 80.7 percent indicated that they considered themselves to be white, 17.8 percent indicated they were Negro, 0.2 percent claimed to be Oriental, and 1 percent indicated they belonged to some other ethnic group (Table 4-26).

Of those who considered themselves belonging to some other ethnic group, those identifying themselves specifically as American Indian amounted to 0.5 percent. This group was tabulated separately and of the 14 persons making up this group, 9 were attending school in Region IV. The one school in Region IV that admits only American Indians is not represented in the sample. The 14 students who indicated that they belonged to some other ethnic group appeared in all four regions. The ethnic groups named by these respondents included such words as Puerto Rican, mixed, Mexican, Polynesian, and similar groupings. In practically every instance, these 14 students indicated that they did not consider themselves part of any single aforementioned ethnic group. Although many of the students who classified themselves in a specific ethnic group might well have had mixed parentage, it is assumed that they identified themselves with the group which they named in their response.

Table 4-26. Ethnic Group as Reported by Entering Practical Nursing Students by Geographic Region of School

Ethnic Group	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
White	775	81.5	654	84.5	608	72.8	394	86.8	2,431	80.7
Negro	163	17.1	111	14.3	220	26.3	41	9.0	535	17.8
Oriental	2	0.2	0	0.0	2	0.2	3	0.7	7	0.2
American Indian	0	0.0	4	0.5	1	0.1	9	2.0	14	0.5
Other	6	0.6	2	0.3	2	0.2	4	0.9	14	0.5
No answer	5	0.5	3	0.4	2	0.2	3	0.7	13	0.4
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

It would appear that the ethnic grouping of the students very nearly approximates the regional population differences. The largest number of Negro students, 26.3 percent, were attending schools in Region III. The lowest number of Negro students, 9 percent, were attending schools in Region IV. Although these percentages do not necessarily approximate the population percentages, the very high number in Region III and the very low number in Region IV are understandable from the Negro population in those areas. Those who classified themselves as Oriental, American Indian, or other form a minute portion of the sample.

The students were asked to respond in the same manner to a question on their religion. The alternatives which they were given to check included Roman [illegible] [illegible]testant, Jewish, none, and other. The "other," again, left a blank space for the naming of th[illegible] [illegible]ffiliation. Many students checked "other" and filled in a specific church affiliation. He[illegible] [illegible]tion in the interpretation of the word Protestant and the large number of students w[illegible] [illegible]tion in "other," the coding provided that all Christian religions or church affiliatio[illegible] [illegible]nd Christian Science be given a single designation. Among the practical nursing studen[illegible] [illegible]ed that she belonged to the Christian Science church.

The predominant number of students, approximate [illegible] [illegible]nged to or designated some non-Roman Catholic Christian religion or church affiliation. This show[illegible] [illegible] regional variation, ranging from 51.3 percent in Region I to 80.2 percent in Region III. In the [illegible] 28.6 percent of the students indicated that they were of the Roman Catholic faith. Here, again, there [illegible] a similar, but reverse, variation in the regional reporting. The regional variation ranged from 16.3 percent in Region III to 42.4 percent in Region I (Table 4-27).

In the entire sample, there were only 46 students who indicated they were of the Jewish faith and 34 of these students were attending schools in Region I. In the entire group, only 33 students indicated that they had no religious or church affiliation. In addition to this group, there were only 58 students, or less than 2 percent, who did not respond to this question.

The students were asked, also, to report their annual family income. Although there were a number of students who specifically indicated that their annual family income was unknown to them, the total nonresponse was only 12.1 percent. There was a large response to this question. Because of the large number of older students in the practical nursing group, the family income reported in this instance may be either that for the family represented by the student's mother and father and any siblings or that for her husband, herself, and any children. However, the responses give a gross picture of the economic group from which the practical nursing students come at the time they enter a school of nursing. Nearly 80 percent of the students reported an annual family income of under $10,000 a year; 42.4 percent indicated family income below $5,000 a year; and an income below $2,500 a year was reported by 13.1 percent of the students (Table 4-28).

Table 4-27. Religious or Church Affiliation as Reported by Entering Practical Nursing Students by Geographic Region of School

Religion	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Roman Catholic	403	42.4	212	27.4	136	16.3	112	24.7	863	28.6
Non-Roman Catholic Christian	488	51.3	533	68.9	670	80.2	320	70.5	2,011	66.7
Jewish	34	3.6	5	0.6	2	0.2	5	1.1	46	1.5
Oriental religions	1	0.1	0	0.0	0	0.0	0	0.0	1	0.0
Other	0	0.0	1	0.1	1	0.1	0	0.0	2	0.1
None	12	1.3	8	1.0	3	0.4	10	2.2	33	1.1
No answer	13	1.4	15	1.9	23	2.8	7	1.5	58	1.9
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Table 4-28. Annual Family Income as Reported by Entering Practical Nursing Students by Geographic Region of School

Reported Income	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Below $2,500	91	9.6	91	11.8	197	23.6	76	16.7	455	15.1
$2,500-$4,999	226	23.8	196	25.3	297	35.6	133	29.3	852	28.3
$5,000-$7,499	241	25.3	230	29.7	161	19.3	114	25.1	746	24.8
$7,500-$9,999	105	11.0	96	12.4	54	6.5	47	10.4	302	10.0
$10,000-$12,499	73	7.7	43	5.6	24	2.9	30	6.6	170	5.6
$12,500-$14,999	31	3.3	15	1.9	6	0.7	7	1.5	59	2.0
$15,000-$17,499	14	1.5	9	1.2	6	0.7	5	1.1	34	1.1
$17,500-$19,999	2	0.2	2	0.3	1	0.1	3	0.7	8	0.3
$20,000 and over	11	1.2	7	0.9	2	0.2	4	0.9	24	0.8
Unknown	157	16.5	85	11.0	87	10.4	35	7.7	364	12.1
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Again, there was considerable regional variation in the incomes reported. Although there were 15.1 percent of all the students who reported family income below $2,500, this ranged from a low of 9.6 percent in Region I to a high of 23.6 percent in Region III. The highest percentage of no response occurred in Region I, which also had the highest percentage of reported incomes of $10,000 a year or more. The lowest group of nonresponse was in Region IV, 7.7 percent, and the lowest reporting of incomes of $10,000 a year or more was in Region III. Although there was no way to check the validity of the responses to this question, the family incomes as reported by the unmarried students were compared, by inspection, with the occupation and employment status of the father and mother. There were no apparent inconsistencies.

Choice of Nursing and Choice of School

One part of the first questionnaire was designed to obtain expressed reasons for the student's choice of nursing as an occupation, her choice of practical or vocational nursing within that occupation, and then her choice of the particular school she had just entered. These questions were all open-ended with space allowed for long answers. Except for the two questions related to the most helpful person, no suggestions or examples were given for responses.

Questions requesting the most helpful person suggested to the student that she name not only the relationship of the person to her, but also the occupation or some other designation such as the person's connection with the field of medicine. Several suggestions of possible answers were given and, occasionally, these were checked by the students but, for the most part, they wrote in the information about the most helpful person, without copying any of the examples.

Stated Reasons for Choosing Nursing as an Occupation

Coding of the long answers in response to this question does not allow for identification of all responses, or for the many subtle innuendos. The material from many questionnaires was looked at carefully in order to identify the most common responses. When many of these had been identified, the next step was to determine those which could be categorized reliably by applying the code. There appeared to be 12 frequent and logical categories. Five of these appeared to be related to specific reasons for choosing nursing as an occupation; another five appeared to be related to experiences in the student's background that led to the choice. One very common response, and many times the only one, for a given student indicated that she had always wanted to be a nurse. Although there appeared to be no particular categorical similarity to some of the responses, the twelfth category was designed to include some items that indicated the students were attracted by the glamour stories about the profession or that it was the only feasible education they could have pursued at that time.

Of these 12 items, the students could have responded in a way that all 12 could be identified. For the most part, however, students' responses ranged from 1 to 5 codeable reasons; therefore, none of the reports of the stated reasons, when tabulated, will equal the total number of respondents in any region of the country.

The most common reason stated by the entering practical nursing students for choosing nursing as an occupation was their desire to help others. This response varied in quantity from region to region. Region IV had the lowest proportion of this group of responses, 58.6 percent, whereas Region I had the highest percent, 76.1. The overall picture showed that 67.4 percent of all in the sample indicated a desire to help others (Table 4-29).

The next most frequently occurring stated reason in the entire sample was a desire for a type of work that would either meet their qualifications, or provide them with satisfaction. The overall response for the nation was approximately 18 percent but, again, there was some variation in regional responses, ranging from 14.9 percent in Region III to 21.1 percent in Region IV.

The next most common response, in terms of the overall picture, was a desire for economic security. Again, this had considerable regional variation in that in Region I, 13 percent of the respondents mentioned this as compared to 20.9 percent in Region IV.

The fourth most common response included comments indicating that nursing was a good profession or career and yielded returns other than purely economic. Again, this had considerable regional variation in that it ranged from 13.7 percent of the responses in Region III to 20.6 percent of the responses in Region I. The overall national responses amounted to 17.1 percent of the total sample.

Table 4-29. Stated Reasons of Entering Practical Nursing Students
for Choosing Nursing as an Occupation
by Geographic Region of School*

Reason	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
To help others	724	76.1	500	64.6	541	64.8	266	58.6	2,031	67.4
To have good profession or career	196	20.6	135	17.4	114	13.7	70	15.4	515	17.1
To learn nursing skills, medicine, science	94	9.9	89	11.5	89	10.7	45	9.9	317	10.5
For personal satisfaction or fitness	169	17.8	148	19.1	124	14.9	96	21.1	537	17.8
For economic security	124	13.0	141	18.2	158	18.9	95	20.9	518	17.2

*Each respondent may have stated as many as five reasons; therefore, total reasons stated will not equal number of respondents. Percents relate to number of respondents.

The intellectual, educational, or learning aspect of nursing was the least frequent response in all regions. This showed a total of 10.5 percent of the responses for the entire group. The regional variation was minimal here, ranging only from 9.9 percent in Regions I and IV to 11.5 percent in Region II.

The next group of reasons for these entering practical nursing students choosing nursing were the five concerned with experiences, people, or associations. All of these items were mentioned less frequently than the previously mentioned group of responses with the exception of health work experience. Health work experience, as mentioned by these students, might have been either on a volunteer or a paid basis. It also could have occurred within any health agency environment, not necessarily a hospital. Then there was a relatively small amount of variation between the regions, ranging from 10.5 percent in Region III to 14.1 percent in Region II. The overall response for the entire group was 12.2 percent (Table 4-30).

Table 4-30. Experiences, People, or Associations Named by Entering Practical
Nursing Students With Reasons for Choosing Nursing as an Occupation
by Geographic Region of School*

Item	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Experiences with illness	52	5.5	30	3.9	31	3.7	28	6.2	141	4.7
Health work experience	117	12.3	109	14.1	88	10.5	55	12.1	369	12.2
Personal associations	44	4.6	23	3.0	29	3.5	15	3.3	111	3.7
Organizational activities	10	1.1	8	1.0	4	0.5	2	0.4	24	0.8
Spiritual experience or dedicated calling	40	4.2	43	5.6	45	5.4	31	6.8	159	5.3

*Many respondents did not mention any of the above; some mentioned more than one. Percents relate to number of respondents.

The next most common experience mentioned by a few students was some type of spiritual experience, dedicated calling, or natural direction from God. In the entire sample, 5.3 percent of the students mentioned some experience of this nature. These, again, varied very little from region to region, ranging from 4.2 percent in Region I to 6.8 percent in Region IV.

The other three items in this particular area mentioned by students were experiences with illness, either their own illness or illness affecting people close to them or associations with persons stated in such a way as to indicate that this association influenced their choice of nursing. This response was given by 3.7 percent of the group. Although organizational activities, such as Future Nurses Clubs, Candystripers, and Girl Scouts, were expected to be reported by a considerable number of students, the overall number, in the final analysis, amounted to less than 1 percent.

The other statements given by entering practical nursing students included the very simple one that this person had always wanted to be a nurse. Within the national picture, this amounted to 24 percent of the respondents. For 5 percent of the total number of responses, this was the only response given. In other instances, this response was accompanied by other stated reasons. This response varied somewhat from 20.3 percent in Region I to 28.9 percent in Region III (Table 4-31).

Table 4-31. Other Statements Given by Entering Practical Nursing Students
to Describe Choice of Nursing as an Occupation
by Geographic Region of School*

Item	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Always wanted to be a nurse	193	20.3	172	22.2	241	28.9	118	26.0	724	24.0
Others										
Hospital atmosphere	12	1.3	15	1.9	9	1.1	3	0.7	39	1.3
Heroic example	3	0.3	1	0.1	3	0.4	0	0.0	7	0.2
Only feasible education	4	0.4	1	0.1	2	0.2	0	0.0	7	0.2
I don't know	0	0.0	0	0.0	6	0.7	0	0.0	6	0.2
Uncodeable answer	23	2.4	21	2.7	40	4.8	15	3.3	99	3.3
No answer	10	1.1	3	0.4	6	0.7	3	0.7	22	0.7

*Many respondents did not mention any of the above. Some mentioned more than one. Percents relate to number of respondents.

The other coded items actually amounted to very few. Within the entire sample, only 1.3 percent indicated any single relation to the attractiveness of the hospital atmosphere, only 0.2 percent mentioned some heroic figure who had impressed them, and only 0.2 percent indicated that this was the only feasible education for them. In the entire group, there were 99, or 3.3 percent, who gave an answer in this space, but it was not possible to code this within the structure that had been determined for coding these responses. In approximately half of these instances, the response that was uncodeable was of the type, "Nursing interests me as an occupation"; or "I am interested in working with people."

Persons Cited as Influencing Choice of Nursing as an Occupation

The question asking the students to indicate the person who had been most influential in helping them determine that they wanted nursing as an occupation tried to elicit both the relationship of the person to the student as well as the person's occupational grouping. Although there were a number of instances in which this did not seem to be elicited as clearly as desired, nearly three-fourths of the respondents gave enough information for identification in one or both of these areas.

In looking at the relationships of the individuals to the students, the largest group appeared to be friends, acquaintances, or persons in which the identification of the relationship was not indicated in the response. In the overall sample, nearly 30 percent of the students mentioned someone in this category. There was marked variation in this response from region to region, ranging from 24 percent in Region I to nearly 35 percent in Region III (Table 4-32).

Table 4-32. Person by Relationship to Student Named by Entering Practical Nursing Students as Influencing Choice of Nursing as an Occupation by Geographic Region of School

Relationship	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Member of immediate family	196	20.6	171	22.1	160	19.2	90	19.8	617	20.5
Other relatives	98	10.3	78	10.1	77	9.2	34	7.5	287	9.5
School personnel	120	12.6	91	11.8	64	7.7	43	9.5	318	10.6
Church-related, including God	9	0.9	9	1.2	13	1.6	14	3.1	45	1.5
Friend, acquaintance, or unidentified relationship	228	24.0	237	30.6	291	34.9	134	29.5	890	29.5
Communications media	5	0.5	2	0.3	3	0.4	2	0.4	12	0.4
No one, myself	171	18.0	110	14.2	119	14.3	83	18.3	483	16.0
No answer or don't know	124	13.0	76	9.8	108	12.9	54	11.9	362	12.0
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The next most common group, in terms of relationship to the student, were those people who were members of the student's immediate family - mother, father, sister, brother, husband, wife, or the respondent's children. In the overall sample, 20.5 percent of the respondents mentioned someone who could be identified as a member of her immediate family. This had a slight variation from region to region, ranging from 19.2 percent in Region III to 22.1 percent in Region II.

The next largest category of persons were those who were identifiable as school personnel. This amounted to an overall response of 10.6 percent. Again, there was some regional variation, ranging from 7.7 percent in Region III to 12.6 percent in Region I.

Very close to this group was the mention of other relatives. This group included all persons identified as having a kin relationship to the respondent, other than those designated as immediate family. A person of this relationship was mentioned by 9.5 percent of all of the students. The variation, again, was rather small, ranging from 7.5 percent in Region IV to 10.3 percent in Region I.

The category large enough to mention were those who indicated a church-related person, including specific mention of God as the person who influenced their choice. Although there was a very small group of respondents (only 1.5 percent) who mentioned church-related persons, again there was considerable regional variation, ranging from 0.9 percent in Region I to 3.1 percent in Region IV.

Of those who did not signify a person within one of these aforementioned five categories, a very small number indicated that they had been influenced by some kind of communications media. Of the 12 who mentioned this, the most frequent responses were either nursing recruitment material or school advertisements in newspapers or magazines. Of the remaining group who did not name some person, 16 percent indicated they had made the choice without influence from anyone else, and 12 percent either did not answer the question at all or indicated that they did not know of any one person who had definitely influenced their choice.

The other way in which persons were identified was by occupational grouping. Unfortunately, the largest single group of respondents in this case was that in which there is either an unidentified occupational grouping or such a small classification totally unrelated to medicine or nursing or education that they were not separated in the coding process. However, there were five specific groups that could be clearly identified (Table 4-33).

Table 4-33. Persons by Occupational Grouping Named by Entering Practical Nursing Students as Influencing Choice of Nursing as an Occupation by Geographic Region of School

Group	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Nurse	221	23.2	200	25.8	205	24.6	100	22.0	726	24.1
Nursing student	7	0.7	9	1.2	3	0.4	1	0.2	20	0.7
Doctor	70	7.4	55	7.1	96	11.5	39	8.6	260	8.6
Other medically related	12	1.3	11	1.4	17	2.0	17	3.7	57	1.9
Teacher or counselor	109	11.5	87	11.2	64	7.7	43	9.5	303	10.1
Other or unidentified	237	24.9	226	29.2	223	26.7	117	25.8	803	26.6
No one or myself	171	18.0	110	14.2	119	14.3	83	18.3	483	16.0
Don't know or no answer	124	13.0	76	9.8	108	12.9	54	11.9	362	12.0
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The largest occupational group mentioned by the entering students were the nurses. In the entire sample, 24.1 percent indicated that a person who was actually a nurse had influenced their choice of occupation. There was a relatively small amount of variation from region to region. The range was only from 22 percent in Region IV to 25.8 percent in Region II.

If the category nursing student were added to that group, it would make very little difference in the size of that particular category. However, much recruitment literature indicates that the best recruiters for nursing are nursing students themselves. Although there was nothing about the response to this question that could in any way test this statement, only 20 respondents actually mentioned that their choice of an occupation had been influenced by a nursing student. If nursing students had been involved to any great extent in influencing these people, they were not considered by the entering students as being the persons who influenced them the most.

The second largest group of identifiable people were those related to their former educational program or, in a few instances, not actually identifiable as related to an educational program, but involved in some form of guidance counseling. In all, 10.1 percent of the respondents mentioned that the most influential person had been a teacher or a guidance counselor. This also had considerable variation, ranging from 7.7 percent in Region III to 11.5 percent in Region I.

Another large group of identifiable people were the doctors. In all, 8.6 percent of the respondents mentioned a doctor as the most influential person. This also had a regional variation, ranging from 7.1 percent in Region II to 11.5 percent in Region III.

The other occupational group mentioned was a total collection of all other persons whose identification indicated that they were related to the medical field in some way. This included aides, hospital dietitians, hospital administrators, physical therapists, and others of this type of relationship to the medical field. The entire number of responses constituted only 57, or 1.9 percent, of the responses. Over one-third of the entering students mentioned some type of person related to the medical field - doctors, nurses, nursing students, and the other medically related persons.

Persons Cited as Influencing Choice of Type of Nursing Program

In addition to asking the student who had been most influential in helping her choose nursing as an occupation, she was asked to indicate, in the same manner, the person who had been most influential in helping her choose the type of nursing program which she had entered. This, too, was not a structured answer, and the responses came in a similar manner as those in answer to the previous question.

In looking at the relationships of the individuals to the students, once again the largest group appeared to be friends, acquaintances, or persons whose identification was not indicated. The percent of those indicating a person of this nature was 28.5 for the entire group. There was considerable variation in this response from region to region - from 22.2 percent in Region I to 32.2 percent in Region II (Table 4-34).

Table 4-34. Person by Relationship to Student Named by Entering Practical Nursing Students as Influencing Choice of Type of Nursing Program by Geographic Region of School

Relationship	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Member of immediate family	239	25.1	203	26.2	202	24.2	104	22.9	748	24.8
Other relative	47	4.9	36	4.7	38	4.6	15	3.3	136	4.5
School personnel	201	21.1	77	9.9	67	8.0	40	8.8	385	12.8
Church-related, including God	9	0.9	9	1.2	17	2.0	17	3.7	52	1.7
Friend, acquaintance, or unidentified relationship	211	22.2	249	32.2	264	31.6	134	29.5	858	28.5
Communications media	5	0.5	2	0.3	0	0.0	3	0.7	10	0.3
No one, myself	158	16.6	112	14.5	139	16.6	85	18.7	494	16.4
No answer, don't know	81	8.5	86	11.1	108	12.9	56	12.3	331	11.0
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The next most common response in this instance also was a member of the student's immediate family. In the overall sample, nearly 25 percent mentioned a member of the immediate family. Again, there was some variation from region to region, ranging from 22.9 percent in Region IV to 26.2 percent in Region II.

The third most common group was that of school personnel. There was a slight increase in the naming of school personnel in respect to type of program. Of the entire group, 12.8 percent indicated school personnel had influenced the choice of type of program. The variation by region was considerable - from 8 percent in Region III to 21.1 percent in Region I.

In this instance, the number of persons of other kin to the student had decreased some. Only 4.5 percent indicated that a relative not in the immediate family had influenced their choice of nursing program. The variation from region to region was rather small, ranging from 3.3 percent in Region IV to 4.9 percent in Region I.

The church-related persons who were mentioned remained approximately the same. Fifty-two indicated that some church-related person had influenced their decision. This accounted for just 1.7 percent of the entire group, ranging from 0.9 percent in Region I to 3.7 percent in Region IV.

A considerable number of students indicated that the choice of program had been made solely by themselves without any influence from other persons and, again, 11 percent indicated they either did not know or they did not respond to this question.

In identifying the persons influencing choice of type of nursing program by occupational group, the unidentified or other than the medically or educationally related occupations were the most dominant responses. There were 35.4 percent of the respondents who indicated that some other person in an occupational orientation or someone of an unidentified occupational orientation had influenced this choice. In many instances, the response to this particular question was the name of an individual, rather than a description of the person's relationship to the student. Because it was impossible to identify the majority of these people, each was coded as friend or acquaintance of the student but with no identifiable occupational orientation. There was very little variation in this from region to region - from 32.9 percent in Region I to 38.1 percent in Region II (Table 4-35).

Table 4-35. Persons by Occupational Grouping Named by Entering Practical Nursing Students as Influencing Choice of Type of Nursing Program by Geographic Region of School

Group	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Nurse	164	17.2	168	21.7	163	19.5	83	18.3	578	19.2
Nursing student	8	0.8	5	0.6	1	0.1	3	0.7	17	0.6
Doctor	33	3.5	29	3.7	56	6.7	20	4.4	138	4.6
Other medically related	7	0.7	7	0.9	7	0.8	6	1.3	27	0.9
Teacher or counselor	187	19.7	72	9.3	63	7.5	39	8.6	361	12.0
Other or unidentified	313	32.9	295	38.1	298	35.7	162	35.7	1,068	35.4
No one, myself	158	16.6	112	14.5	139	16.6	85	18.7	494	16.4
Don't know, no answer	81	8.5	86	11.1	108	12.9	56	12.3	331	11.0
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Once again, the occupational group that appeared most frequently in response to this question was the nurse. Nineteen and two-tenths percent of the students indicated that some nurse had helped them choose the type of nursing program in which they were enrolled. The regional variation was from 17.2 percent in Region I to 21.7 percent in Region II. Adding the nursing student to the above occupational category would make little change in these statistics.

The next most common occupational group was that of teacher or counselor. In this particular instance, the overall responses indicated that 12 percent named a person in this category. However, the regional variation was considerable, ranging from 7.5 percent in Region III to 19.7 percent in Region I. In reviewing the responses to these two questions about persons influencing choice, it is interesting to note that the largest number of responses involving the teacher or guidance counselor was from Region I.

Another occupational group of people mentioned as influencing choice of school were the doctors - 4.6 percent. The regional variation ranged from 3.5 percent in Region I to 6.7 percent in Region III.

The group that indicated that some other medically related person had influenced this choice had very few responses - only 0.9 percent in the entire sample. The persons mentioned who were in some way related to the health field - doctors, nurses, nursing students, and others - amounted to about one-fourth of the responses.

Reasons for Choice of Practical Nursing Program and School

The respondents were asked to state their reasons for choosing a practical nursing program in order to prepare for the occupation of nursing. These long answers were coded for certain specific content, not necessarily all content. The responses to this question and to the one relating to choice of the particular school may well have been confusing to the respondents. Although the responses to these questions have been treated as though the student had responded in terms of little understanding of the sentences, there is a possibility that there was some confusion between the terms practical nursing program and the particular school of nursing in these two questions. However, in response to the question asking for reasons for choosing a practical nursing program, the most common response was preference for a short program. Nineteen and one-half percent of the respondents indicated this as one of their reasons for choosing practical nursing. The variation in regions, again, was considerable - from 15 percent in Region III to 24.2 percent in Regions II and IV (Table 4-36).

Table 4-36. Reasons Stated by Entering Students for Choice of Practical Nursing by Geographic Region of School*

Reason	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Convenient location	8	0.8	19	2.5	53	6.3	10	2.2	90	3.0
Only type available	3	0.3	2	0.3	23	2.8	4	0.9	32	1.1
My age	63	6.6	88	11.4	87	10.4	52	11.5	290	9.6
Want to live home	4	0.4	2	0.3	2	0.2	3	0.7	11	0.4
Prefer shorter program	165	17.4	187	24.2	125	15.0	110	24.2	587	19.5
Financial reasons	100	10.5	159	20.5	191	22.9	102	22.5	552	18.3
Entrance qualifications	280	29.4	119	15.4	112	13.4	62	13.7	573	19.0
General personal	229	24.1	102	13.2	127	15.2	57	12.6	515	17.1
Good program or recommended program	124	13.0	133	17.2	210	25.1	100	22.0	567	18.8
Prefer bedside nursing	119	12.5	141	18.2	25	3.0	41	9.0	326	10.8
Other and no answer	56	5.9	36	4.7	64	7.7	37	8.1	193	6.4

*Many students gave more than one answer. Percents relate to number of respondents.

The next most common reason given by the students related to the entrance qualifications for practical nursing. The three responses that appeared most common and have been coded to indicate entrance qualifications stated either that the student had applied to some other type of nursing program and had been denied admission for lack of certain educational qualifications, that the student did not apply to some other type of nursing program because she believed she did not have the proper qualifications, or her statement inferred that the entrance requirements had in some way influenced her enrolling in the practical nursing school. Nineteen percent of the students indicated that the entrance qualifications had influenced their choice. Once again, this reason had a large variation by region, ranging from 13.4 percent in Region III to 29.4 percent in Region I.

The next most common response referred to some aspect of the quality of the program. The statements that were coded to be included in this group were broad ones referring to the quality of the program in terms of preparation for the occupation, including such a statement as, "The program was highly recommended to me by some knowledgeable person." In the country, there were 18.8 percent of the respondents who indicated that the quality of the type of educational program highly influenced their choice. Again, there was considerable regional variation, ranging from 13 percent in Region I to 25 percent in Region III.

The next most common reason stated by the students was financial. Included as financial reasons were such things as the student would be aided financially in paying school expenses, it was the only type of education she or her family could afford, scholarships were available, the student could only afford to be out of a job for a year, and similar types of economic considerations. Once again, there was considerable regional variation in this response, ranging from 10.5 percent in Region I to 22.9 percent in Region III. The overall response was 18.3 percent.

The next most common reason given was some personal reason other than entrance qualifications, financial ability, length of time, age, and the need to live at home. The group that was coded in this manner and grouped together was very, very broad without the close similarity of many of the other groupings that were used. They included such responses as: "I particularly liked this school"; "I knew this was just the right program for me"; "In view of my family responsibilities, this is a good educational program for me"; "This met my needs"; or "This program was just what I was looking for." Many of these responses tended to be rather vague. The only very specific one which was personal in nature was that a relative or friend was attending or had attended this school. The overall response in the group giving this reason was 17.1 percent. A regional variation ranged from 12.6 percent in Region IV to 24.1 percent in Region I.

If the specific personal reason of age were added to these general reasons, personal reasons would have been the largest category. However, judging from the age group which attend practical nursing programs, it is frequently stated that many women who normally would be eligible for admission to nursing programs and might really prefer the work of a registered nurse will choose practical nursing because they feel they are too old to embark on any more education in terms of time, effort, and cost. They knowingly embark on a type of education that is of no difficulty to them, feeling that their first consideration is to their family. The responses that were coded to indicate age as a reason were very clear, specific statements that the student's age had influenced her choice. Nine and six-tenths percent of all the students said that age affected this choice. Here again, this ranged from 6.6 percent in Region I to 11.5 percent in Region IV.

Another very common statement used as a reason was that the student preferred to do bedside nursing after graduation. The student may have actually stated that she did not think registered nurses did bedside nursing in the manner in which this particular student wanted to do it, or the statement may have inferred but not actually stated words to this effect. Although the category in the table had been labeled "prefer bedside nursing," the statement by the student might possibly have been a simple, "I want to do bedside nursing." In the overall group, there were 10.8 percent who made a statement of this type. Again, there was a great deal of regional variation, ranging from 3 percent in Region III to 18.2 percent in Region II.

The remaining reasons that were grouped and determined specifically were those relating to convenience of the location of a program of this type or the specific statement that this was the only type available to them and the simple statement that the student wanted to live at home, inferring that this would not be possible in the choice of the other available types of programs. In the overall group, 90 indicated that it was convenient for them to attend this type of program; 32 indicated that this was the only type available to them, and 11 stated that they wanted to live at home while going to school. Although there was considerable regional variation on these questions, the overall number making these statements was very small.

Many reasons were given by entering students for the choice of the particular school, but there were two that were more frequent than any others. The most frequent response to this question indicated in some manner that the quality of the school had attracted the student. Here, again, this might have been a simple statement that it was a good school or that it was a highly respected school, or that graduates from that school were always good, or the school had been recommended highly. In the entire group, 54.3 percent inferred that the quality of the program had influenced their choice (Table 4-27).

The other very common response referred to the school's location. Actually, if the three responses relating to location were added together, over 60 percent of the students indicated that some aspect of the location of the school had influenced their choice. In all, 7.0 percent of the students indicated that it was the only school available to them in their community. Another 3.3 percent indicated that the location of the school was attractive to them for some reason. Their reasons included such comments as "I have a relative living near here with whom I can live"; "I have lived here before and I wanted to return"; or "I wanted to move to this city anyhow." The overwhelming majority of the responses relating to location merely indicated that the school was in a very convenient location: "The school is near my home"; "I can commute to this school"; "The school is near my place of work so I can continue my job"; or "The school is near where my husband works and I can ride with him." There were regional differences in the responses on location, the lowest rate being in Region I (44.3 percent), and the highest in Region II (54.1 percent).

Table 4-37. Reasons Stated by Entering Students for Choice of Particular School by Geographic Region of School*

Reason	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Convenient location	421	44.3	419	54.1	442	52.9	239	52.6	1,521	50.5
Other than specific location	24	2.5	26	3.4	36	4.3	13	2.9	99	3.3
Only school here	36	3.8	47	6.1	84	10.1	45	9.9	212	7.0
Has dormitory	11	1.2	13	1.7	4	0.5	3	0.7	31	1.0
General personal	180	18.9	134	17.3	119	14.3	72	15.9	505	16.8
Age	4	0.4	1	0.1	3	0.4	1	0.2	9	0.3
Prefer shorter program	6	0.6	5	0.6	1	0.1	8	1.8	20	0.7
Compliance	3	0.3	13	1.7	4	0.5	4	0.9	24	0.8
Financial reasons	68	7.2	58	7.5	64	7.7	41	9.0	231	7.7
Good school	678	71.3	435	56.2	297	35.6	226	49.8	1,636	54.3
Entrance qualifications	23	2.4	11	1.4	32	3.8	7	1.5	73	2.4
Others and no answer	15	1.6	18	2.3	45	5.4	15	3.3	93	3.1

*Many students gave more than one answer. Percents relate to number of respondents.

In addition to these two responses, the next most common was that of general personal reasons. Many varieties of personal reasons were grouped together in this category and amounted to 16.8 percent of the responses. Some regional variation existed, ranging from 14.3 percent in Region III to 18.9 percent in Region I.

Age was given as a reason by a few of these students for the choice of a school. However, there were only nine in the entire sample of over 3,000 responses.

A few of the students indicated that their choice of the school was because it had a dormitory and they would need to have living quarters. This amounted to 31 students, or 1 percent of the responses. Another group (20) indicated that this was a short program. Another small group of 24 indicated that they were not free to choose the school themselves. In the table, these were grouped under "compliance." These respondents usually indicated that the school had been chosen by their religious superior, the welfare department, or the choice was related to direction of personnel of the Manpower Development Training program.

Another group indicated that financial reasons had influenced their choice. This amounted to 7.7 percent of the entire group. A small amount of regional variation is noticed, ranging from 7.2 percent in Region I to 9 percent in Region IV.

The item relating to entrance qualifications in this instance was indicated by 2.4 percent of the entire group, with some regional variation - from 1.4 percent in Region II to 3.8 percent in Region III.

Both of these responses, choice of program and choice of school, had a very small portion of uncodeable answers or no answer. In the question on choice of program, there were 6.4 percent of the total for which there was no coded answer. For the question on choice of school, there were 3.1 percent of the responses for which there was no coded answer.

Reasons for Not Choosing Other Types of Nursing Programs

The respondents were also asked to state reasons for not choosing other types of nursing programs in order to prepare for the occupation of nursing. Again space was provided for long answers that were coded for specific content, not necessarily all content. The directions sent to the school with the questionnaire asked that the proctors give no assistance in explaining these three questions. If a student should ask the meaning of the terms, baccalaureate degree program, associate degree program, or practical or vocational nursing program, the proctor was requested to have the student indicate that she did not understand the meaning of the term.

The first question asked the students why they did not choose a baccalaureate degree program. The most common answer related to entrance qualifications. There were 17.7 percent who indicated that either they had been refused admission because they lacked the qualifications, or they knew they should not apply because of the entrance qualifications. There was a large variation in the regional response, ranging from 12 percent in Region III to 24.6 percent in Region I (Table 4-38).

Table 4-38. Stated Reasons of Entering Practical Nursing Students
for Not Choosing a Baccalaureate Degree Program
by Geographic Region of School*

Reason	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Location	3	0.3	12	1.6	14	1.7	6	1.3	35	1.2
Must live home	2	0.2	1	0.1	5	0.6	1	0.2	9	0.3
No living quarters	0	0.0	1	0.1	1	0.1	0	0.0	2	0.1
Personal	69	7.3	112	14.5	105	12.6	92	20.3	378	12.5
Too long	81	8.5	122	15.8	72	8.6	91	20.0	366	12.1
Already tried it	2	0.2	2	0.3	1	0.1	3	0.7	8	0.3
General finances	110	11.6	112	14.5	144	17.2	81	17.8	447	14.8
Not enough pay difference	0	0.0	0	0.0	1	0.1	0	0.0	1	0.0
Don't like this program	25	2.6	39	5.0	22	2.6	7	1.5	93	3.1
May later	35	3.7	16	2.1	31	3.7	11	2.4	93	3.1
Entrance qualifications	234	24.6	119	15.4	100	12.0	81	17.8	534	17.7
Other program	3	0.3	5	0.6	0	0.0	0	0.0	8	0.3
Adverse criticism	60	6.3	49	6.3	17	2.0	13	2.9	139	4.6
Don't know meaning	164	17.2	117	15.1	133	15.9	55	12.1	469	15.6
Other and no answer	274	28.8	212	27.4	285	34.1	105	23.1	876	29.1

*Many students gave more than one answer. Percents relate to number of respondents.

The second most common reason referred to finances. There were 14.8 percent of the students who indicated that their financial situation or the cost of the program prohibited them from choosing baccalaureate preparation. Here again there was considerable variation from region to region - from 11.6 percent in Region I to 17.8 percent in Region IV.

Two other common responses to this question were nonspecific personal reasons and the length of the program. The nonspecific personal reasons were given by 12.5 percent of the students, ranging from 7.3 percent in Region I to 20.3 percent in Region IV. The length of the program was indicated by 12.1 percent of all the students. The variation in this response ranged from 8.5 percent in Region I to 20 percent in Region IV.

The next most common grouping of responses is the one that has been classed "adverse criticism." This group of responses contained the many statements indicating that it was not a desirable type of educational program. Many of these statements did not give the coders enough understanding to know the context within which the student was thinking. Some statements were: "You cannot really learn to nurse at college"; "They require too many unnecessary courses"; "Graduates of this program are not generally accepted." There was some variation in range from 2 percent in Region III to 6.3 percent in Regions I and II, with an overall response of 4.6 percent.

The other reasons stated included such comments as: "I may go to a baccalaureate program later"; "This was not the program I wanted"; "There was no such program near my home." A very small response, 0.3 percent, of the students indicated that they had been enrolled in a baccalaureate degree program at one time.

In the entire study, there were 15.6 percent of the responses that indicated the students did not know either the meaning of the word, "baccalaureate," or they were totally unfamiliar with baccalaureate preparation for nursing. Here again there was considerable regional variation, ranging from 12.1 percent in Region IV to 17.2 percent in Region I.

The nonresponse or unquotable responses to this question were quite high. Twenty-nine and one-tenth percent of the students did not have a quotable response in answer to this question. Here again there was considerable variation by region, ranging from 23.1 percent in Region IV to 34.1 percent in Region III.

The coding of answers for the response related to associate degree programs was the same as that used for baccalaureate degree programs. Although the frequency of the reasons given are somewhat less than those for baccalaureate degree, the reasons appear in approximately the same order.

The most common responses pertained to entrance qualifications. There were 11.1 percent of the responses that indicated some concern about entrance qualifications preventing their going into an associate degree program. Again the difference by region was considerable - from 5.6 percent in Region III to 16.9 percent in Region I (Table 4-39).

The financial requirements prevented 9.1 percent of the students from attending an associate degree program. The regional variations ranged from 6.6 percent in Region I to 12.8 percent in Region IV.

Once again the next two most common responses were nonspecific personal reasons amounting to 8.3 percent and concern about the length of the program, which included 7.9 percent of the entire group. In both instances there were some regional variations in Region I showing the lowest amount of response and in Region IV the highest.

Other responses referred to the fact that there were no such programs near the students, that there was something about the program they did not like, that they might attend the program later if they liked nursing. There were only four students in the entire group who indicated that they had already attended an associate degree program. Only 3.2 percent of the students indicated any type of adverse criticism had kept them from enrolling in this type of program. However, there were a large number of responses indicating the students were not familiar either with the term, "associate degree program," or with associate degree preparation for nursing. The high response in this category is understandable. At the time these students were entering nursing, the associate degree programs had been in existence for only ten years. In the entire country, there were only 68 programs and many of these clustered in certain geographic areas. A large number of them were in the two states of California and Florida. Perhaps this is reflected somewhat in the regional differences in this response, ranging from 13.2 percent in Region IV to 19.6 percent in Region I. This question had an even higher nonresponse than that referring to baccalaureate degree programs. There were 43.5 percent of the respondents who either gave no answer or an unquotable one. The placement of this question on the questionnaire may well have produced some nonresponse. In the long-answer section of the questionnaire, there was a very high percentage of respondents who stated reasons in response to the first question. The rate of response per question diminished throughout the section and the last two questions had a very high rate of nonresponse.

Table 4-39. Stated Reasons of Entering Practical Nursing Students
for Not Choosing an Associate Degree Program
by Geographic Region of School*

Reason	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Location	5	0.5	25	3.2	19	2.3	13	2.9	62	2.1
Must live home	2	0.2	0	0.0	4	0.5	2	0.4	8	0.3
No living accommodations	0	0.0	1	0.1	1	0.1	0	0.0	2	0.1
Personal	55	5.8	78	10.1	66	7.9	51	11.2	250	8.3
Too long	43	4.5	83	10.7	43	5.1	68	15.0	237	7.9
Already tried it	2	0.2	2	0.3	0	0.0	0	0.0	4	0.1
Financial	63	6.6	74	9.6	80	9.6	58	12.8	275	9.1
Don't like this program	17	1.8	39	5.0	22	2.6	16	3.5	94	3.1
May later	30	3.2	10	1.3	11	1.3	20	4.4	71	2.4
Entrance qualifications	161	16.9	79	10.2	47	5.6	47	10.4	334	11.1
Other program	3	0.3	2	0.3	0	0.0	1	0.2	6	0.2
Adverse criticism	44	4.6	34	4.4	8	1.0	9	2.0	95	3.2
Don't know what it is	186	19.6	142	18.3	151	18.1	60	13.2	539	17.9
Other; no answer	397	41.7	300	38.8	435	52.1	178	39.2	1,310	43.5

*Many students gave more than one answer. Percents relate to number of respondents.

The final question called for reasons for not entering a diploma program to prepare for nursing. Once again the order of the reasons remained very similar, with entrance qualifications being the highest frequency of response. Following in similar order to the other two questions were financial reasons, unidentified personal reasons, and length of program. In all of these areas, there were considerable differences in the regional distribution. A few students, 2.7 percent, indicated that they might attend a diploma program at a later date (Table 4-40).

The number of respondents giving some indication of adverse criticism of the program was somewhat smaller for the diploma question. Two and nine-tenths percent of the respondents indicated some adverse criticism of the program.

The question related to the diploma program brought a lower proportion of students who indicated they did not know either the term, "diploma program," or what a diploma program offered students. There were only 15.3 percent of the students who indicated lack of understanding of the program. This had some regional variation, ranging from 12.8 percent in Region IV to 16.3 percent in Region II.

Table 4-40. Stated Reasons of Entering Practical Nursing Students for Not Choosing a Diploma Program by Geographic Region of School*

Reason	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Location	3	0.3	11	1.4	12	1.4	3	0.7	29	1.0
Must live home	4	0.4	1	0.1	2	0.2	1	0.2	8	0.3
Personal	57	6.0	80	10.3	65	7.8	46	10.1	248	8.2
Too long	47	4.9	91	11.8	43	5.1	56	12.3	237	7.9
Already tried it	9	0.9	5	0.6	0	0.0	3	0.7	17	0.6
Financial	56	5.9	75	9.7	68	8.1	51	11.2	250	8.3
Don't like this program	13	1.4	26	3.4	20	2.4	14	3.1	73	2.4
May later	39	4.1	15	1.9	20	2.4	7	1.5	81	2.7
Entrance qualifications	157	16.5	83	10.7	51	6.1	40	8.8	331	11.0
Other program	29	3.0	17	2.2	34	4.1	18	4.0	98	3.3
Adverse criticism	37	3.9	38	4.9	4	0.5	7	1.5	86	2.9
Don't know what it is	153	16.1	126	16.3	123	14.7	58	12.8	460	15.3
Other; no answer	407	42.8	306	39.5	442	52.9	203	44.7	1,358	45.1

*Many students gave more than one answer. Percents relate to number of respondents.

Of all the reasons for not choosing a program, the diploma program had the highest percentage of nonresponse or unquotable response. Primarily, this consisted of no answer whatsoever to the question. There were 45.1 percent of the respondents who did not have a quotable answer to this question. Again there was considerable regional variation. Responses ranged from 39.5 percent in Region II to 52.9 percent in Region III.

Students' Plans for the Future

The students were asked to indicate, to the best of their ability, the clinical field in which they would like to be employed one year, five years, ten years, and fifteen years after graduation. Likewise, they were asked whom they would like their employer to be for the same periods and what type of position they would like to hold at these times. The proctors had been requested to give no prompting on this question.

Preferred Clinical Field of Employment

For the response to this question, the format provided a check space for the five major clinical areas - medical nursing, surgical nursing, maternity nursing, child nursing, and psychiatric nursing. And it was structured so that the students could indicate general nursing, positions in the health field that were not nursing, and other positions not in the health field, with the request to specify the position.

The responses to this question were very much as might be expected. More than 600 responded for the first year in such a way that no field of work could be identified. For example, even though mission work, as such, is not a clinical field, a number of respondents indicated this each time. For their first year of employment, 851 students, or approximately one-fourth of the entire group, indicated that they would be doing some type of general nursing. The only region in which this differed to any degree was Region III, where a third of the students indicated they would be doing general nursing (Table 4-41).

Table 4-41. Preferred Clinical Field of Employment One Year After Graduation
as Reported by Entering Practical Nursing Students
by Geographic Region of School

Clinical Field	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Medical nursing	92	9.7	70	9.0	104	12.5	44	9.7	310	10.3
Medical-surgical nursing	4	0.4	4	0.5	9	1.1	3	0.7	20	0.7
Surgical nursing	75	7.9	86	11.1	71	8.5	53	11.7	285	9.5
Maternity nursing	128	13.5	113	14.6	94	11.3	57	12.6	392	13.0
Pediatric nursing	155	16.3	123	15.9	81	9.7	45	9.9	404	13.4
Psychiatric nursing	40	4.2	20	2.6	31	3.7	10	2.2	101	3.4
General nursing	251	26.4	208	26.9	276	33.1	116	25.6	851	28.2
Health, nonnursing	4	0.4	2	0.3	7	0.8	1	0.2	14	0.5
Mission and international work	2	0.2	1	0.1	1	0.1	11	2.4	15	0.5
Two or more; undecided	153	16.1	115	14.9	113	13.5	92	20.3	473	15.7
All others	47	4.9	32	4.1	48	5.7	22	4.8	149	4.9
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The largest single response in the clinical area was for pediatric nursing - 13.4 percent of all the students. However, a close second to this was maternity nursing - 392, or 13 percent. Medical and surgical nursing each had a large number of responses - 310, or 10.3 percent, for medical nursing and 285, or 9.5 percent, for surgical nursing. In addition, 20 students, or 0.7 percent, indicated that they would be doing a combination of medical-surgical nursing. In all of these areas, there was little regional variation.

In the responses to clinical field five years after graduation, there was a considerable increase to nearly 900 persons, or approximately a third, who did not show any specific choice. However, there was a marked difference in the actual figures for choice of clinical field in that the number indicating general nursing dropped to 363, or 12 percent. All but medical nursing increased in number considerably. Again, there did not appear to be any great differences in the regions (Table 4-42).

In the responses to preferred clinical field ten years after graduation, there was considerable increase to approximately 40 percent in those who were unable to differentiate and name a specific area. The numbers in each one of the clinical fields at this time remained fairly consistent with those for five years after graduation, except that there seemed to be a considerable drop in maternity and pediatric nursing (Table 4-43).

As might be expected, the indecision or nonresponse for preferred clinical field fifteen years after graduation was considerably larger. It now totaled 1,375 students, or approximately 45 percent of the respondents. Again, the clinical areas appeared to have a corresponding drop but a fairly similar pattern, although those indicating

Table 4-42. Preferred Clinical Field of Employment Five Years After Graduation as Reported by Entering Practical Nursing Students by Geographic Region of School

Clinical Field	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Medical nursing	57	6.0	53	6.8	70	8.4	23	5.1	203	6.7
Medical-surgical nursing	3	0.3	2	0.3	6	0.7	4	0.9	15	0.5
Surgical nursing	116	12.2	124	16.0	126	15.1	61	13.4	427	14.2
Maternity nursing	157	16.5	103	13.3	115	13.8	56	12.3	431	14.3
Pediatric nursing	182	19.1	115	14.9	96	11.5	56	12.3	449	14.9
Psychiatric nursing	64	6.7	48	6.2	46	5.5	25	5.5	183	6.1
General nursing	102	10.7	102	13.2	103	12.3	56	12.3	363	12.0
Health, nonnursing	14	1.5	11	1.4	14	1.7	3	0.7	42	1.4
Mission and international work	4	0.4	0	0.0	1	0.1	13	2.9	18	0.6
Two or more; undecided	149	15.7	138	17.8	117	14.0	87	19.2	491	16.3
All others	103	10.8	78	10.1	141	16.9	70	15.4	392	13.0
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Table 4-43. Preferred Clinical Field of Employment Ten Years After Graduation as Reported by Entering Practical Nursing Students by Geographic Region of School

Clinical Field	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Medical nursing	39	4.1	47	6.1	70	8.4	22	4.8	178	5.9
Medical-surgical nursing	2	0.2	0	0.0	5	0.6	5	1.1	12	0.4
Surgical nursing	108	11.4	93	12.0	113	13.5	56	12.3	370	12.3
Maternity nursing	101	10.6	73	9.4	80	9.6	43	9.5	297	9.9
Pediatric nursing	134	14.1	72	9.3	66	7.9	34	7.5	306	10.2
Psychiatric nursing	70	7.4	52	6.7	69	8.3	24	5.3	215	7.1
General nursing	117	12.3	112	14.5	102	12.2	52	11.5	383	12.7
Health, nonnursing	16	1.7	15	1.9	18	2.2	5	1.1	54	1.8
Mission and international work	3	0.3	1	0.1	1	0.1	17	3.7	22	0.7
Two or more; undecided	198	20.8	203	26.2	137	16.4	112	24.7	650	21.6
All others	163	17.1	106	13.7	174	20.8	84	18.5	527	17.5
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

general nursing had increased somewhat. This was due to some considerable increase in those indicating private duty nursing as a clinical field. Throughout these four responses, private duty nursing was coded specifically as such, but had been included with general nursing in the tables. Although the responses to this question indicate some increase in those who would be in health positions of a nonnursing type 15 years after graduation, it still accounts for only 2 percent of the respondents. Once again, there does not seem to be any particularly notable regional differences (Table 4-44).

Table 4-44. Preferred Clinical Field of Employment Fifteen Years After Graduation as Reported by Entering Practical Nursing Students by Geographic Region of School

Clinical Field	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Medical nursing	46	4.8	41	5.3	60	7.2	23	5.1	170	5.6
Medical-surgical nursing	2	0.2	0	0.0	3	0.4	4	0.9	9	0.3
Surgical nursing	60	6.3	71	9.2	103	12.3	35	7.7	269	8.9
Maternity nursing	72	7.6	59	7.6	43	5.1	30	6.6	204	6.8
Pediatric nursing	125	13.1	59	7.6	65	7.8	29	6.4	278	9.2
Psychiatric nursing	78	8.2	39	5.0	50	6.0	24	5.3	191	6.3
General nursing	130	13.7	114	14.7	126	15.1	69	15.2	439	14.6
Health, nonnursing	14	1.5	17	2.2	20	2.4	8	1.8	59	2.0
Mission and international work	2	0.2	1	0.1	1	0.1	16	3.5	20	0.7
Two or more; undecided	238	25.0	233	30.1	178	21.3	117	25.8	766	25.4
All others	184	19.3	140	18.1	186	22.3	99	21.8	609	20.2
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The responses to this question may have been made without the student knowing what the words describing the clinical field actually meant. It is literally impossible to tell which responses were made because of a real knowledge of the clinical field and which ones were made as pure guesswork. However, the question was structured in such a way that it can be used in the same manner on the future questionnaires. It is hoped that in this way we may identify when the student begins to have a thorough enough knowledge of the nursing field to actually make a choice.

Prospective Employer

The question relating to prospective employer was structured in such a way that the student could choose either the hospital, nursing home, public health agency, school (school nursing), school of nursing (teaching), industry, individual (private duty), and doctor or dentist. The student was also allowed a space to write in other employers.

As might be expected, the hospital was the predominant prospective employer indicated for one year after graduation - 2,300 of the students, or 76.3 percent, indicated this. The nonresponse, ambiguous response, or indecisive response to this question amounted to approximately 10 percent (Table 4-45).

Other than the aforementioned groups, the employer indicated by a check after doctor or dentist was the largest response - 150, or 5 percent. The next largest group indicated that they would be self-employed - 74, or 2.5 percent. Presumably, they intend to do private duty nursing. The next largest group, 51, indicated that they would be working in a nursing home.

Table 4-45. Prospective Employer One Year After Graduation as Reported by Entering Practical Nursing Students by Geographic Region of School

Prospective Employer	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Hospital	761	80.0	598	77.3	621	74.4	320	70.5	2,300	76.3
Nursing home	11	1.2	15	1.9	17	2.0	8	1.8	51	1.7
Public health agency	11	1.2	8	1.0	7	0.8	10	2.2	36	1.2
Doctor or dentist	23	2.4	49	6.3	51	6.1	27	5.9	150	5.0
School (school nursing)	8	0.8	9	1.2	5	0.6	3	0.7	25	0.8
School of nursing	2	0.2	3	0.4	4	0.5	1	0.2	10	0.3
Industry	4	0.4	4	0.5	6	0.7	0	0.0	14	0.5
Self-employed	26	2.7	15	1.9	27	3.2	6	1.3	74	2.5
Other	18	1.9	7	0.9	5	0.6	19	4.2	49	1.6
No answer; undecided	87	9.1	66	8.5	92	11.0	60	13.2	305	10.1
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Although the prospective employer indicated by responses on the questionnnaire remained predominantly the hospital, the number who indicated they would be working in hospitals actually decreased markedly with the prospective employer five years after graduation. There were 1,346 students, or 44.7 percent, who indicated that they anticipated working in a hospital five years after graduation. The nonresponses, or those that were ambiguous or indecisive increased for the 5-year period to 541 students, or 17.9 percent (Table 4-46).

The other types of work for the practical nurse increased considerably. Those who said they intend to be working in a doctor's or dentist's office increased to 396, or 13.1 percent. Those who intend to be self-employed, presumably private duty, increased to 179, or 5.9 percent. Those who indicated that they intend to work for a public health agency increased markedly to 168, or 5.6 percent. Likewise, those indicating that they would be employed in a nursing home increased to 127, or 4.2 percent.

Once again the prospective employers for ten years after graduation showed a drop in those who indicated the hospital - 1,081, or 35.9 percent. As might be expected, the nonresponses, ambiguous, or indecisive responses to this question increased again to 652, or 21.6 percent (Table 4-47).

There was an increase in the number who anticipated being employed in the doctor's or dentist's office to 447, or 14.8 percent, and of those who intend to be self-employed to 261, or 8.7 percent. However, the increase in the other areas did not continue in the same manner. For the period ten years after graduation, there were 137, or 4.5 percent, who indicated that their prospective employer would be a public health agency. There were 129, or 4.3 percent, who indicated that they would be employed in a nursing home. There were 103, or 3.4 percent, who indicated that their employer would be a school and they would be doing nursing.

At the period 15 years after graduation, the number who expected to be employed by a hospital had decreased to 1,002, or 33.3 percent. Again, the number that had a nonresponse, an ambiguous response, or an indecisive response had increased to 722, or 24 percent (Table 4-48).

Table 4-46. Prospective Employer Five Years After Graduation as Reported by Entering Practical Nursing Students by Geographic Region of School

Prospective Employer	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Hospital	471	49.5	347	44.8	339	40.6	189	41.6	1,346	44.7
Nursing home	45	4.7	36	4.7	32	3.8	14	3.1	127	4.2
Public health agency	56	5.9	36	4.7	52	6.2	24	5.3	168	5.6
Doctor or dentist	89	9.4	130	16.8	113	13.5	64	14.1	396	13.1
School (school nurse)	31	3.3	27	3.5	19	2.3	17	3.7	94	3.1
School of nursing	9	0.9	4	0.5	5	0.6	3	0.7	21	0.7
Industry	12	1.3	19	2.5	17	2.0	6	1.3	54	1.8
Self-employed	64	6.7	39	5.0	55	6.6	21	4.6	179	5.9
Other	31	3.3	18	2.3	13	1.6	26	5.7	88	2.9
No answer; undecided	143	15.0	118	15.2	190	22.8	90	19.8	541	17.9
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Table 4-47. Prospective Employer Ten Years After Graduation as Reported by Entering Practical Nursing Students by Geographic Region of School

Prospective Employer	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Hospital	389	40.9	258	33.3	283	33.9	151	33.3	1,081	35.9
Nursing home	43	4.5	38	4.9	29	3.5	19	4.2	129	4.3
Public health agency	41	4.3	31	4.0	42	5.0	23	5.1	137	4.5
Doctor or dentist	103	10.8	152	19.6	130	15.6	62	13.7	447	14.8
School (school nurse)	42	4.4	28	3.6	18	2.2	15	3.3	103	3.4
School of nursing	28	2.9	11	1.4	8	1.0	6	1.3	53	1.8
Industry	22	2.3	16	2.1	22	2.6	6	1.3	66	2.2
Self-employed	77	8.1	76	9.8	83	9.9	25	5.5	261	8.7
Other	23	2.4	20	2.6	13	1.6	29	6.4	85	2.8
No answer; undecided	183	19.2	144	18.6	207	24.8	118	26.0	652	21.6
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The other areas remained fairly stable with the five- and ten-year report. At this time there were 445, or 14.8 percent, who indicated they would be working in doctors' or dentists' offices. Exactly the same number, 129, or 4.3 percent, indicated they would be working in a nursing home. The self-employed had increased slightly to 290, or 9.7 percent. The public health agency as an employer had decreased again to 125, or 4.1 percent. The area of school nursing, with the school as an employer, had dropped again to 77, or 2.6 percent.

Table 4-48. Prospective Employer Fifteen Years After Graduation as Reported by Entering Practical Nursing Students by Geographic Region of School

Prospective Employer	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Hospital	370	38.9	224	28.9	273	32.7	135	29.7	1,002	33.2
Nursing home	35	3.7	41	5.3	37	4.4	16	3.5	129	4.3
Public health agency	34	3.6	25	3.2	42	5.0	24	5.3	125	4.1
Doctor or dentist	120	12.6	151	19.5	112	13.4	62	13.7	445	14.8
School (school nurse)	38	4.0	19	2.5	12	1.4	8	1.8	77	2.6
School of nursing	20	2.1	23	3.0	23	2.8	8	1.8	74	2.5
Industry	11	1.2	13	1.7	19	2.3	10	2.2	53	1.8
Self-employed	88	9.3	87	11.2	87	10.4	29	6.4	291	9.7
Other	24	2.5	25	3.2	16	1.9	31	6.8	96	3.2
No answer; undecided	211	22.2	166	21.4	214	25.6	131	28.9	722	24.0
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The answers to these questions should have been made with the students having a clear knowledge of what employment by one of these agencies actually meant. It would appear from the responses that there was some confusion. For instance, it is a little difficult to conceive what an entering practical nursing student would expect to do if later employed in a school of nursing. There may well be positions available for practical nurses in a school of nursing, but these positions would be very limited in number and probably not very well known to entering students.

However, the main purpose of asking this question at this time was to determine to what extent the students really understood what their future in nursing could be like, or whether their knowledge of the actual occupation was confused and sketchy. It is the correlation of these responses at the time of entrance with other responses at a time when they know more about the occupation of nursing that will give us far more information than these tables could possibly provide.

The next responses on the questionnaire indicated the student's preference in terms of the position she would expect to hold one, five, ten, and fifteen years after graduation. Again, this question was structured so that the student placed a check mark after the following alternatives: staff nurse, private duty nurse, head nurse, supervisory nurse, teacher of nurses, administrator of nursing, consultant in nursing, and research in nursing. Again, there was a place for other entries to be written in if the student so wished.

The responses to this question corresponded very closely to the responses of the previous two questions in that approximately 60 percent of the students indicated that they would be doing staff nursing one year after graduation and private duty nursing was indicated by about 14 percent of the students. The other items written in or the nonresponse amounted to a total of 18.5 percent. Many of the items written in were actually nonresponses to this question because they named either employer or clinical area, rather than actual type of position. All other positions indicated by any of the students were limited to less than 2 percent of the group (Table 4-49).

Table 4-49. Prospective Position One Year After Graduation as Reported by Entering Practical Nursing Students by Geographic Region of School

Position	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Staff	625	65.7	513	66.3	445	53.3	273	60.1	1,856	61.6
Private duty	110	11.6	96	12.4	160	19.2	51	11.2	417	13.8
Head nurse	8	0.8	6	0.8	17	2.0	5	1.1	36	1.2
Supervising nurse	6	0.6	10	1.3	14	1.7	4	0.9	34	1.1
Teacher of nurses	4	0.4	5	0.6	5	0.6	0	0.0	14	0.5
Administrator	10	1.1	7	0.9	5	0.6	0	0.0	22	0.7
Consultant	6	0.6	5	0.6	6	0.7	3	0.7	20	0.7
Research	17	1.8	9	1.2	26	3.1	6	1.3	58	1.9
Others	165	17.4	123	15.9	157	18.8	112	24.7	557	18.5
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The responses for prospective positions five years after graduation began to show the same type of change that was noticed in the other two questions. The number who indicated that they would be doing staff nursing dropped to below 40 percent and those indicating private duty nursing increased to approximately 18 percent. The nonresponse, or other, group rose to approximately 27 percent. The real increases of any magnitude showed in the head nurse and supervising nurse categories. There were approximately 7 percent who indicated that five years after graduation they anticipated that they would be in head nurse positions and 3.5 percent indicated they would

Table 4-50. Prospective Position Five Years After Graduation as Reported by Entering Practical Nursing Students by Geographic Region of School

Position	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Staff	388	40.8	357	46.1	264	31.6	158	34.8	1,167	38.7
Private duty	181	19.0	121	15.6	163	19.5	76	16.7	541	17.9
Head nurse	75	7.9	40	5.2	63	7.5	29	6.4	207	6.9
Supervising nurse	23	2.4	27	3.5	41	4.9	13	2.9	104	3.5
Teaching of nurses	15	1.6	13	1.7	11	1.3	4	0.9	43	1.4
Administrator	7	0.7	5	0.6	6	0.7	0	0.0	18	0.6
Consultant	14	1.5	7	0.9	6	0.7	2	0.4	29	1.0
Research	39	4.1	16	2.1	31	3.7	9	2.0	95	3.2
Others	209	22.0	188	24.3	250	29.9	163	35.9	810	26.9
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

be in supervising nurse positions. The number who indicated that they expected to be in research positions rose to 95, or 3.2 percent. Here again it is difficult to imagine exactly what the entering practical nursing student anticipated her role would be in nursing research in order for her to make this response. The additional responses amounted in each case to less than 2 percent of the group (Table 4-50).

Again, similar changes were taking place in the positions that were expected to be held by these people ten years after graduation. There were now only about 27 percent who indicated that they expected to be doing staff nursing and the private duty nursing remained approximately 17 percent. The nonresponse in "others" rose to 32.2 percent. Again, there was some increase in the number who indicated they would be doing head nurse and supervisory nurse work. The responses for head nurse positions amounted to 8.2 percent of the group and for supervising nurse positions, 6.1 percent. The remaining types of positions again have increased to the point at which there were now 2.6 percent who indicated they expected to be teachers of nurses, 1.4 percent who indicated they would be administrators, and 2 percent consultants (Table 4-51).

Table 4-51. Prospective Position Ten Years After Graduation as Reported
by Entering Practical Nursing Students
by Geographic Region of School

Position	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Staff	255	26.8	235	30.4	192	23.0	121	26.7	803	26.6
Private duty	169	17.8	139	18.0	146	17.5	53	11.7	507	16.8
Head nurse	103	10.8	54	7.0	58	6.9	32	7.0	247	8.2
Supervising nurse	63	6.6	36	4.7	60	7.2	25	5.5	184	6.1
Teacher of nurses	30	3.2	19	2.5	23	2.8	5	1.1	77	2.6
Administrator	13	1.4	9	1.2	16	1.9	4	0.9	42	1.4
Consultant	21	2.2	19	2.5	14	1.7	7	1.5	61	2.0
Research	40	4.2	32	4.1	32	3.8	18	4.0	122	4.0
Others	257	27.0	231	29.8	294	35.2	189	41.6	971	32.2
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

This type of change continued in the indication of positions expected after fifteen years. The number indicating staff nursing had dropped slightly once again to 24.3 percent. Other responses to private duty again remained fairly stable at 17.4 percent on the responses. There was another slight increase in the other nonresponse group to 34.2 percent. However, this time there were fewer who indicated they would be doing head nursing and supervisory nursing. These had dropped to 6 percent for head nursing and 5.8 percent for supervisory nursing. Again, however, there was some increase in the other categories. Now there were 3.6 percent who indicated they hoped to be teachers of nurses, 2.2 percent who indicated they hoped to be administrators, and 2.3 percent consultants (Table 4-52).

Table 4-52. Prospective Position Fifteen Years After Graduation as Reported
by Entering Practical Nursing Students
by Geographic Region of School

Position	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Staff	238	25.0	210	27.1	170	20.4	113	24.9	731	24.3
Private duty	171	18.0	146	18.9	160	19.2	48	10.6	525	17.4
Head nurse	76	8.0	34	4.4	48	5.7	23	5.1	181	6.0
Supervising nurse	62	6.5	43	5.6	50	6.0	21	4.6	176	5.8
Teacher of nurses	36	3.8	30	3.9	28	3.4	14	3.1	108	3.6
Administrator	25	2.6	16	2.1	22	2.6	2	0.4	65	2.2
Consultant	19	2.0	21	2.7	19	2.3	9	2.0	68	2.3
Research	40	4.2	30	3.9	39	4.7	21	4.6	130	4.3
Others	284	29.9	244	31.5	299	35.8	203	44.7	1,030	34.2
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Plans for Work After Marriage

The students were asked to give a simple "yes or no" answer to the question whether or not they would continue working after marriage. In this group, a large number of people were already married. In this case if they indicated they expected to work at all after graduation, it was considered an outright "yes" answer. Although there was no possibility in terms of the framing of the questionnaire for any variation from "yes to no," there were a lot of students who gave a condition to this question by writing it on the questionnaire. There were several of these write-in conditions which fell into specific groupings and, therefore, the question was coded with six possible variations. These groupings included those who checked "yes" and gave no further response or checked "yes" and indicated that they anticipated they would possibly always be working. Another group of "yes' responses were those who indicated some condition to this response. In almost all instances, this "yes" answer referred to potential events within the student's married life. For instance, many students indicated they would work if they had no children; they would work until their children were ready for school; and would return to work after their children entered school. Such responses are included in the category in the tables designated as "yes-if-until." Another grouping of responses were those who indicated that they would work part time after they were married or they would work for a short time or at specific intervals as needed. Another group of responses included those who indicated absolute indecisiveness and were unable to check either yes or no in the conditioning. "No" checks were very seldom followed with any explanation and if they were, it merely indicated that they did not plan to work after marriage, so that all "no" answers are being considered in a single category. Because the factor of marriage does not ordinarily influence the future of the man student in the same way that it does the woman student, all men were given a specific code in order that they could be eliminated from any analysis pertaining to plans for work after marriage. Likewise, those who indicated they belonged to some religious community were also placed with this same group to be eliminated. Ambiguous responses were also placed in this category and the nonresponse was given a separate category all by itself.

By far the largest group of responses fell in the "yes" with the conditioning response - 66.4 percent of the students indicated an answer that was included in this classification. There were only 33, or 1.1 percent, of the entire group who gave an unqualified "yes" response and only 57, or 1.9 percent, who gave an unqualified "no" to this question. Again, there was a fairly large nonresponse to this question, amounting to 16.5 percent of the entire group. While some regional variations are in the responses to these questions, they do not seem to be of any great magnitude (Table 4-53).

Table 4-53. Plans to Work After Marriage as Reported by Entering Practical Nursing Students by Geographic Region of School

Plans for Work	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes - always	10	1.1	9	1.2	11	1.3	3	0.7	33	1.1
Yes - if - until	711	74.8	495	64.0	525	62.9	271	59.7	2,002	66.4
Part-time; short-time	37	3.9	34	4.4	17	2.0	17	3.7	105	3.5
Undecided - depends	67	7.0	85	11.0	39	4.7	31	6.8	222	7.4
No or don't plan to	11	1.2	22	2.8	8	1.0	16	3.5	57	1.9
Male, religious, ambiguous	27	2.8	17	2.2	37	4.4	17	3.7	98	3.3
No answer	88	9.3	112	14.5	198	23.7	99	21.8	497	16.5
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

Plans for Further Education After Graduation

A similar question was asked the students with regard to plans for further education after graduation. Although the response called for a straight yes or no, many conditions and qualifications were written in. All responses that had a fairly strong overtone of determination to go to school were considered "yes" responses. All responses giving a very doubtful possibility of continuing further education were classed with the "no" responses. However, a large number gave very little indication in either direction, so these were included in the indecisive category, as were those responses that depended on so many factors until it was impossible to tell whether the student was really interested in further education or not. Again, some nonresponses amounted to nearly 11 percent of the group (Table 4-54).

Table 4-54. Plans for Further Education After Graduation as Reported by Entering Practical Nursing Students by Geographic Region of School

Plans for Further Education	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes; later; hope to	467	49.1	277	35.8	414	49.6	201	44.3	1,359	45.1
No - doubtful	139	14.6	182	23.5	117	14.0	93	20.5	531	17.6
Undecided; depends	268	28.2	221	28.6	207	24.8	103	22.7	799	26.5
All others	77	8.1	94	12.1	97	11.6	57	12.6	325	10.8
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

The response to this question indicated that nearly half the students express definite interest in being able to go on with further education, if at all possible. Less than 20 percent indicated they definitely doubt if they will continue with their education. Again, regional differences are there.

CHAPTER V

PRACTICAL NURSING STUDENTS WHO GRADUATED

The second questionnaire was sent to all of the practical nursing schools in the study four to six weeks prior to the expected graduation date of the students who entered in the fall of 1962 and who had completed the first questionnaire. The directors of the schools were asked to administer the questionnaire only to those students who had completed the first one and who were expected to graduate. The directors of the programs were also asked at that time to indicate the students who would not be graduating at all, those who would be graduating at a later date, and to give a reason for each student's withdrawal or delay of graduation. Of the 3,014 students originally participating, 2,336 are known to have graduated within the time limit set. Of the known graduates, 2,299 responded to this second questionnaire near to the time of each one's graduation. The students responded to this questionnaire approximately two to four weeks before graduation, regardless of when that graduation date occurred for each student. Detailed information about those who did not graduate is included in Chapter VII.

Although there are 2,336 students who are known to have graduated, all of the tables in this chapter are based on the 2,299 respondents to the second questionnaire. Certain questions, however, are meaningful only when some groups of students are eliminated. Therefore, some of the tables in this chapter are based on less than the full number of responses. For example, responses related to number of children are based entirely on those who were women and married or formerly married. Many of the tables referring to the spouse of the student contain only those female respondents who were married at the time of their graduation. Some of the tables do not include men and religious Sisters and Brothers.

Marital Status

As might be anticipated, the marital status of some of the students had changed from the time of their entrance to the school. The percentage of students who were single at the time of graduation had dropped from 56.9 percent to 53.8 percent. The group who were married at the time of graduation had increased from 31.8 percent to 36.1 percent. The group that had formerly been married decreased very slightly and was now 9.6 percent of the students. At the time of the administration of the first questionnaire, 9 students indicated that they were either religious Brothers or Sisters. At the time of graduation, 8 of these students remained in the study. Although there are regional differences in marital status, these differences are almost identical with those at the time of entrance (Table 5-1).

The number of children of the graduating practical nursing students is computed solely for the women who were married at the time of graduation or who were known to have been married formerly. The number of students included is 1,033. Of these, once again the largest group consists of those who had two children - 27.7 percent. The only great change in the number of children reported from the time of admission until the time of graduation is in the group indicating they had no children. Within the group graduating, 16.7 percent of the married and formerly married women indicated they had no children. In the group entering, only 9.2 percent of the married and formerly married women indicated they had no children. The number marrying within the past school year, no doubt, accounts for this change. The percentages in the other numbers changed very slightly. Once again, there is very little regional difference in the number of children reported by region of school (Table 5-2).

On the second questionnaire, married women gave their husbands' occupations. Men students and formerly married women, who generally did not answer any of the questions pertaining to husbands, were not included in the table. A total of 36 respondents, some in each region, ranging from 2.5 percent in Region II to 5.7 percent in Region I, had husbands who were also in some medical or medically oriented position. This category includes professional, semiprofessional, and nonprofessional work in hospitals or other health agencies (Table 5-3).

The largest group of husbands were skilled workers: 32.9 percent in Region I, 29.7 percent in Region II, 22.1 percent in Region III, and 26.1 percent in Region IV. (On the first questionnaire, skilled worker was also the predominant category for father's occupation as shown in Table 4-14.) The second largest group were sales and clerical personnel: 21.4 percent in Region I, 17.8 percent in Region II, 15.1 percent in Region III, and 17.7

Table 5-1. Marital Status of Graduating Practical Nursing Students by Geographic Region of School*

Marital Status	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Single	501	73.8	359	57.3	245	37.6	132	38.6	1,237	53.8
Married	141	20.8	207	33.0	328	50.4	155	45.3	831	36.1
Widowed	7	1.0	16	2.6	27	4.1	20	5.8	70	3.0
Divorced	14	2.1	28	4.5	34	5.2	26	7.6	102	4.4
Separated	13	1.9	13	2.1	15	2.3	9	2.6	50	2.2
Religious - Brothers and Sisters	3	0.4	4	0.6	1	0.2	0	0.0	8	0.3
Married, now unknown	0	0.0	0	0.0	1	0.2	0	0.0	1	0.0
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

*NLN Region I (North Atlantic) Conn., Del., D.C., Me., Mass., N.H., N.J., N.Y., Pa., R.I., Vt.
Region II (Midwestern) Ill., Ind., Iowa, Kan., Mich., Minn., Mo., Neb., N.D., Ohio, S.D., Wis.
Region III (Southern) Ala., Ark., Fla., Ga., Ky., La., Md., Miss., N.C., Okla., Puertu Rico, S.C., Tenn., Tex., Va., W.Va.
Region IV (Western) Alaska, Ariz., Calif., Colo., Hawaii, Idaho, Mont., Nev., N.M., Ore., Utah, Wash., Wyo.

Table 5-2. Number of Children of Married and Formerly Married Women Graduating from Practical Nursing by Geographic Region of School

Number of Children	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
No children	33	19.0	42	16.2	63	16.1	34	16.3	172	16.7
One	23	13.2	46	17.8	75	19.1	38	18.3	182	17.6
Two	54	31.0	67	25.9	111	28.3	54	26.0	286	27.7
Three	33	19.0	55	20.8	78	19.9	41	19.7	207	20.0
Four	17	9.8	26	10.3	38	9.7	17	8.2	98	9.5
Five or more	10	5.7	21	8.1	22	5.6	20	9.6	73	7.1
No answer	4	2.3	2	0.8	5	1.3	4	1.9	15	1.5
Total	174	100.0	259	100.0	392	100.0	208	100.0	1,033	100.0

percent in Region IV. Following in frequency are semiskilled workers, with a range from 9.3 percent in Region I to 13.9 percent in Region II.

Table 5-3. Occupation of Husband of Married Women Graduating from Practical Nursing by Geographic Region of School

Occupation	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Medically oriented	8	5.7	5	2.5	17	5.4	6	3.9	36	4.4
Clergy	0	0.0	2	1.0	3	1.0	1	0.7	6	0.7
Other professional, semi-professional	18	12.9	20	9.9	29	9.1	14	9.1	81	10.0
Sales, clerical	30	21.4	36	17.8	48	15.1	27	17.7	141	17.4
Out-of-door, military enlisted, other	6	4.3	12	5.9	40	12.6	20	13.1	78	9.6
Skilled worker	46	32.9	60	29.7	70	22.1	40	26.1	216	26.6
Semiskilled	13	9.3	28	13.9	42	13.3	18	11.8	101	12.4
Unskilled, domestic	10	7.1	24	11.9	32	10.1	15	9.8	81	10.0
Unknown, not working	9	6.4	15	7.4	36	11.3	12	7.8	72	8.9
Total	140	100.0	202	100.0	317	100.0	153	100.0	812	100.0

Professional and semiprofessional occupations were indicated by approximately 9 percent of the respondents in Regions II, III, and IV, and 12.9 percent in Region I. Husbands who did unskilled work ranged from 7.1 percent in Region I to 11.9 percent in Region II. The category, out-of-doors, includes not only farmers and ranchers but also 40 enlisted military personnel. In Regions I and II, 4.3 percent and 5.9 percent, respectively, were in this category, while in Regions III and IV, percentages were 12.6 and 13.1.

Very few respondents, 1 percent or less in Regions II, III, and IV, had husbands who were clergymen. The category, "unknown, not working," includes 13 respondents whose husbands were students, others who said their husbands were retired or unemployed, some who gave uncodeable occupations, and 22 who did not respond.

For the total sample of married women, 26.6 percent of the husbands were skilled workers, 17.4 percent did sales or clerical work, and another 12.4 percent did semiskilled work. An equal proportion, 10 percent, were either professional or semiprofessional workers or unskilled workers. Almost the same amount, 9.6 percent, fell into the category, "out-of-doors work," while only 4.4 percent of the respondents' husbands were engaged in medically oriented work. Less than 1 percent were married to clergymen, and 8.9 percent gave responses which indicated their husbands were either not working or which were uncodeable.

More than three-fourths of the husbands in each region were employed at the time the graduates completed the questionnaire: 78.6 percent in Region I, 82.2 percent in Region II, 80.1 percent in Region III, and 77.1 percent in Region IV, giving a national proportion of 79.8 percent of the husbands employed (Table 5-4).

A much smaller proportion were proprietors or self-employed: 15 percent in Region I, 8.9 percent in Region II, 10.7 percent in Region III, and 11.8 percent in Region IV, with a national percent of 11.2. The category, "other," includes all whose employment status could not be determined or who did not answer this part of the question. These ranged from 6.4 percent in Region I to 11.1 percent in Region IV, with a national percentage of 9.

Table 5-4. Employment Status of Husbands of Married Women Graduating from Practical Nursing by Geographic Region of School

Status	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Self-employed	21	15.0	18	8.9	34	10.7	18	11.8	91	11.2
Employed	110	78.6	166	82.2	254	80.1	118	77.1	648	79.8
Other	9	6.4	18	8.9	29	9.2	17	11.1	73	9.0
Total	140	100.0	202	100.0	317	100.0	153	100.0	812	100.0

The social index scale placed about half, 51.4 percent in Region I and 52 percent in Region II, at four, and slightly less than half, 41.3 percent in Region III and 45.8 percent in Region IV, at this point. The next largest proportion were at the five index with considerable range among the regions: 12.9 percent in Region I, 19.3 percent in Region II, 23.3 percent in Region III, and 17 percent in Region IV (Table 5-5).

Table 5-5. Social Index Scale of Husbands of Married Women Graduating from Practical Nursing by Geographic Region of School

Index	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
One	2	1.4	3	1.5	2	0.6	2	1.3	9	1.1
Two	10	7.1	7	3.5	16	5.1	10	6.5	43	5.3
Three	21	15.0	21	10.4	41	12.9	21	13.7	104	12.8
Four	72	51.4	105	52.0	131	41.3	70	45.8	378	46.6
Five	18	12.9	39	19.3	74	23.3	26	17.0	157	19.3
Other	17	12.1	27	13.4	53	16.7	24	15.7	121	14.9
Total	140	100.0	202	100.0	317	100.0	153	100.0	812	100.0

At the higher levels of the social index scale, from 10.4 percent in Region II to 15 percent in Region I were at three; from 3.5 percent in Region II to 7.1 percent in Region I were at two; and about 1 percent in each region were at one.

The designation, "other," again includes all those for whom an index could not be determined plus those who did not respond. These ranged from 12.1 percent in Region I to 16.7 percent in Region III. Social index for the entire sample gave 46.6 percent of the husbands position four; 19.3 percent, five; 12.8 percent, three; 5.3 percent, two; and 1.1 percent, one; with 14.9 percent in the category, "other."

A gross comparison of husbands' social index with that of fathers on the first questionnaire (Table 4-16) shows that the social index distribution for husbands was scaled slightly above fathers.

Practical nurses reported about two-fifths of all their husbands had 12 years of education: 38.6 percent in Region I, 44.6 percent in Region II, 35.7 percent in Region III, and 45.8 percent in Region IV (Table 5-6).

Table 5-6. Education of Husbands of Married Women Graduating from Practical Nursing by Geographic Region of School

Years	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Eight or under	6	4.3	15	7.4	40	12.6	5	3.3	66	8.1
Nine	8	5.7	15	7.4	31	9.8	13	8.5	67	8.3
Ten	13	9.3	13	6.4	27	8.5	15	9.8	68	8.4
Eleven	16	11.4	25	12.4	37	11.7	13	8.5	91	11.2
Twelve	54	38.6	90	44.6	113	35.7	70	45.8	327	40.3
Thirteen	9	6.4	12	5.9	13	4.1	7	4.6	41	5.1
Fourteen	13	9.3	13	6.4	15	4.7	7	4.6	48	5.9
Fifteen	6	4.3	3	1.5	11	3.5	5	3.3	25	3.1
Sixteen and more	9	6.4	9	4.5	15	4.7	16	10.5	49	6.0
Others	6	4.3	7	3.5	15	4.7	2	1.3	30	3.7
Total	140	100.0	202	100.0	317	100.0	153	100.0	812	100.0

Some regional differences are apparent which parallel, in a lesser scale, the differences indicated in Table 4-17 on education of fathers. Fewer husbands in Regions I, II, and IV, about 30 percent, had less than 12 years of education, while more than 42 percent of the husbands in Region III were in these categories.

About a fifth of the husbands in Region I had 13, 14, or 15 years of education, and about 12 to 13 percent of the husbands in the other three regions were in these categories. Husbands having 16 years or more of education were 10.5 percent for Region IV and from 4.5 percent to 6.4 percent for the other regions. The largest proportion of husbands with eight years or less of education occurred in Region III - 12.6 percent. No answers or ambiguous answers accounted for 4.3 percent in Region I, 3.5 percent in Region II, 4.7 percent in Region III, and 1.3 percent in Region IV.

Of the entire sample, 40.3 percent of the husbands had 12 years of education, 36 percent less than 12 years, 14 percent 13, 14, or 15 years, 6 percent 16 years or more, and 3.7 percent of the responses were uncodeable.

Plans for the Future

Three-fourths or more of all female practical nurse graduates in all regions planned to be employed after marriage: 74.4 percent in Region I, 78.4 percent in Region II, 78.3 percent in Region III, and 75.4 percent in Region IV. Men and religious were not included in this table, since it was assumed that they would expect to be working (Table 5-7).

Very few women, 1 percent or less in each region, gave a definite "no" response to this question. Another 1 percent or less in each region were planning on part-time work and some, ranging from 0.6 percent in Region III to 2.3 percent in Region II, were undecided about their work plans. However, almost a fifth in each region did not respond or gave ambiguous responses to this question: 22 percent in Region I, 17.7 percent in Region II, 19.8 percent in Region III, and 20.4 percent in Region IV.

For the entire sample of female practical nurses, 76.7 percent planned to work while married, approximately

1 percent planned part-time work or did not not plan to work at all, 1.6 percent were undecided, while 20 percent did not indicate their work plans.

Table 5-7. Plans for Work After Marriage of Female Practical Nurses at Graduation by Geographic Region of School

Plans for Work After Marriage	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes - if - until	498	74.4	482	78.4	491	78.3	251	75.4	1,722	76.7
Part-time	5	0.7	2	0.3	6	0.9	4	1.2	17	0.8
Undecided	13	1.9	14	2.3	4	0.6	6	1.8	37	1.6
No	6	0.9	8	1.3	2	0.3	4	1.2	20	0.9
Other	147	22.0	109	17.7	124	19.8	68	20.4	448	20.0
Total	669	100.0	615	100.0	627	100.0	333	100.0	2,244	100.0

Table 5-8 gives future educational plans of all practical nurses. Thirty-eight and six-tenths percent in Region I, 29.2 percent in Region II, 32.7 percent in Region III, and 36.8 percent in Region IV planned to go on in nursing either directly after graduation or at some future date. Similar proportions, 30.3 percent in Region I, 35.2 percent in Region II, 31 percent in Region III, and 31.9 percent in Region IV, did not plan any further education. From 10.8 percent in Regions II and IV to 13.5 percent in Region III were undecided about future education.

Table 5-8. Plans for Further Education of All Practical Nurses at Graduation by Geographic Region of School

Plans for Further Education	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes and later	262	38.6	183	29.2	213	32.7	126	36.8	784	34.1
Undecided	77	11.3	68	10.8	88	13.5	37	10.8	270	11.7
No	206	30.3	221	35.2	202	31.0	109	31.9	738	32.1
Other	134	19.7	155	24.7	148	22.7	70	20.5	507	22.1
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

Again, about a fifth, from 19.7 percent in Region I to 24.7 percent in Region II, did not respond or gave ambiguous responses. For the entire sample, percents were: 34.1, yes; 32.1, no; 11.7, undecided; and 22.1, no response.

Although 784 respondents said they planned to further their education, only 494 specified a particular school or program which they were planning to attend. Three and seven-tenths percent in Region I, 5.6 percent in Region II, 3.8 percent in Region III, and 5.8 percent in Region IV named a baccalaureate program in nursing. Some named an associate degree program in nursing, and these were mainly in Region I, 12.4 percent. In Region IV, 3.8 percent and in Regions II and III, 1.8 percent mentioned the 2-year associate degree program (Table 5-9).

In each region, there were practical nurses who named a hospital school: 4.9 percent in Region I, 3.3 percent in Region II, 5.4 percent in Region III, and 2.3 percent in Region IV. Another 1 percent or less in each region said they planned to go on to professional nursing but did not name a specific program.

Table 5-9. Type of Education Named by All Practical Nurses at Graduation by Geographic Region of School

Type of Education	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
College 4 years	25	3.7	35	5.6	25	3.8	20	5.8	105	4.6
College 2 years	84	12.4	11	1.8	12	1.8	13	3.8	120	5.2
Hospital school	33	4.9	21	3.3	35	5.4	8	2.3	97	4.2
Professional nursing	11	1.6	4	0.6	3	0.5	3	0.9	21	0.9
Postgraduate course	40	5.9	32	5.1	23	3.5	23	6.7	118	5.1
Other courses	7	1.0	10	1.6	8	1.2	8	2.3	33	1.4
Other, no response	479	70.5	514	82.0	545	83.7	267	78.1	1,805	78.5
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

Only those who named a postgraduate course which was considered reasonable, legitimate, and in existence at the time the questionnaire was answered are included in the category, postgraduate course. There were 5.9 percent in Region I, 5.1 percent in Region II, 3.5 percent in Region III, and 6.7 percent in Region IV.

Respondents who named nonnursing institutions of higher education or who were planning on further education through the Armed Forces, Peace Corps, or other governmental agency appear in the category, "other courses." These were about 1 percent in Regions I, II, and III, and 2.3 percent in Region IV.

Those who gave ambiguous responses, were undecided about a program or school, or who did not describe any school or program are included in the final category of Table 5-9. There were 70.5 percent in Region I, 82 percent in Region II, 83.7 percent in Region III, and 78.1 percent in Region IV.

For the entire sample, 78.5 percent of practical nurses were not explicit about their future educational plans. Similar proportions named each type of professional nursing: 4.6 percent baccalaureate degree, 5.2 percent associate degree, and 4.2 percent diploma. Five and one-tenth percent had a particular postgraduate course in their future plans, and about 1 percent planned on some type of professional nursing or other courses.

Gross comparison of Table 4-53 and Table 5-7 indicates that practical nurse graduates had slightly changed their responses concerning work after marriage from the time of entering the program and at graduation. At graduation, there were more definite yes responses (67.5 percent entering, 76.7 percent when graduating) and fewer no responses (1.9 percent and 0.9 percent). Those who had replied part-time and undecided when beginning had also diminished by graduation, but those not responding at all had increased somewhat.

There was more of a shift in proportional responses regarding further education in nursing between the time of entering (Table 4-54) and at graduation (Table 5-8). Those planning to go on in nursing had decreased from 45.1 percent to 34.1 percent. No responses increased from 17.6 percent to 32.1 percent; undecided changed from 26.5 percent to 11.7 percent; and other responses (ambiguous and no reply) increased from 10.8 percent to 22.1 percent.

Table 5-10 describes the method by which practical nurse graduates expected to finance their future education. More than half the sample, however, 50.3 percent in Region IV to 62.5 percent in Region II, did not respond to this question.

Earnings, savings, and savings and earnings combined were the usual choices of those who did respond. Earnings ranged from 19.8 percent in Region II to 26.3 percent in Region IV; savings from 5.3 percent in Region II to 8.8 percent in Region I; and the combination of the two from 6.2 percent in Region III to 11.1 percent in Region IV.

Table 5-10. Expected Way of Payment for Further Education by
Practical Nurse Graduates by Geographic Region of School

Method of Financing	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Scholarship	3	0.4	3	0.5	1	0.2	1	0.3	8	0.3
Savings	60	8.8	33	5.3	42	6.5	19	5.6	154	6.7
Earnings	148	21.8	124	19.8	160	24.6	90	26.3	522	22.7
Scholarship and savings	3	0.4	1	0.2	6	0.9	2	0.6	12	0.5
Savings and earnings	65	9.6	48	7.7	40	6.2	38	11.1	191	8.3
Scholarship and earnings	3	0.4	3	0.5	10	1.5	3	0.9	19	0.8
Scholarship, savings, and earnings	8	1.2	11	1.7	7	1.1	5	1.5	31	1.3
Other	28	4.1	12	1.9	21	3.2	12	3.5	73	3.2
No response	361	53.2	392	62.5	364	55.9	172	50.3	1,289	56.0
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

Scholarship assistance was expected by a very small proportion of respondents: less than 1 percent in each region. The combination of scholarship and other methods of financing remained at the level of 1 percent or less. Other responses include those who mentioned that the course they planned to take was free, paid for by some agency, or gave a descriptive statement which was uncodeable. These ranged from 1.9 percent in Region II to 4.1 percent in Region I.

When practical nurses indicated the size of the community they preferred to work in after graduation, there were some regional variations. The majority in each region selected, from the choices offered, a medium size community ranging from 5,000-99,999 in population. A community of 10,000 to 19,999 was the size most frequently chosen for all regions except II. The median size community for Regions I and III was 10,000-19,999 and for Regions II and IV was 20,000-49,999 (Table 5-11).

For the entire sample, the most frequent single response was a community of 10,000-19,999, being 18.7 percent; however, the median for the country was in the community size of 20,000-49,999. About a fourth (26.7 percent) preferred smaller communities while 48.3 percent chose communities from 20,000 to over 1,000,000. Six and three-tenths percent did not respond or gave uncodeable responses.

Table 5-12 gives the clinical field of choice for practical nurse graduates one year after graduation. The predominant choice was medical and general nursing, ranging from 34.8 percent in Region IV to 45.2 percent in Region III. Surgical nursing was specified by 16.1 percent in Region III to 20.8 percent in Region IV, and the combination of medical and surgical nursing contributed from less than 1 percent in Region IV to 6.8 percent in Region I. Maternity nursing was preferred by others, ranging from 9 percent in Region I to 15.8 percent in Region III, while pediatric nursing ranged from 7.7 percent in Region III to 12.8 percent in Region I. From 2.6 percent in Region IV to 3.7 percent in Region I chose psychiatric nursing. Those who mentioned two or more choices of the above clinical areas were from 2.2 percent in Regions I and III to 5.3 percent in Region IV.

Table 5-11. Size of Community Practical Nurse Graduates Would Prefer to Work in by Geographic Region of School

Community Size	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Under 2,500	28	4.1	20	3.2	49	7.5	19	5.6	116	5.0
2,500-4,999	66	9.7	43	6.9	77	11.8	28	8.2	214	9.3
5,000-9,999	78	11.5	85	13.6	83	12.8	38	11.1	284	12.4
10,000-19,999	155	22.8	98	15.6	121	18.6	57	16.7	431	18.7
20,000-49,999	103	15.2	87	13.9	89	13.7	45	13.2	324	14.1
50,000-99,999	53	7.8	102	16.3	43	6.6	38	11.1	236	10.3
100,000-249,999	53	7.8	64	10.2	56	8.6	39	11.4	212	9.2
250,000-1,000,000	56	8.2	57	9.1	65	10.0	35	10.2	213	9.3
Over 1,000,000	46	6.8	35	5.6	26	4.0	17	5.0	124	5.4
No answer or ambiguous	41	6.0	36	5.7	42	6.5	26	7.6	145	6.3
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

Table 5-12. Clinical Field Choice of Practical Nurse Graduates One Year After Graduation by Geographic Region of School

Clinical Field	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Medical and general nursing	261	38.4	239	38.1	294	45.2	119	34.8	913	39.7
Medical-surgical nursing	46	6.8	16	2.6	19	2.9	2	0.6	83	3.6
Surgical nursing	125	18.4	116	18.5	105	16.1	71	20.8	417	18.1
Maternity nursing	61	9.0	81	12.9	103	15.8	50	14.6	295	12.8
Pediatric nursing	87	12.8	75	12.0	50	7.7	27	7.9	239	10.4
Psychiatric nursing	25	3.7	22	3.5	27	4.2	9	2.6	83	3.6
Other specialties	27	4.0	36	5.7	12	1.8	12	3.5	87	3.8
Mission, international work	0	0.0	0	0.0	0	0.0	13	3.8	13	0.6
Two or more choices	15	2.2	20	3.2	14	2.2	18	5.3	67	2.9
Nonhealth, no answer	32	4.7	22	3.5	27	4.1	21	6.1	102	4.4
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

The category, "other specialties," includes, primarily, all those who indicated a work preference for office nursing, geriatric nursing, and long-term care; nursing of the acutely ill, such as recovery room work and operating room work. Also included here, but mentioned by fewer respondents, were employment as public health nurses, medical specialties such as rehabilitation or tuberculosis nursing, and health-related positions such as laboratory technician or care of the retarded. Choices in these areas ranged from 1.8 percent in Region III to 5.7 percent in Region II.

Although the question specifically asked for clinical field, some responses cannot be classified as such. Mission and international nursing work was mentioned by 3.8 percent of the respondents in Region IV (One school in Region IV is organized primarily for the education of medical and nursing missionaries.) The final category of Table 5-12 includes any who mentioned nonnursing, nonhealth occupations (these were very few), and those who did not respond. The range was 3.5 percent in Region II to 6.1 percent in Region IV.

For the entire sample one year after graduation, approximately 61.4 percent preferred to work in medical, surgical, or medical and surgical nursing combined. Maternity or pediatric nursing was the response of 12.8 percent and 10.4 percent respectively, while fewer, 3.6 percent, mentioned psychiatric nursing and 3.8 percent mentioned other specialties. Less than 1 percent were going into missionary work, 2.9 percent gave two or more choices, and 4.4 percent did not respond.

Choice of clinical field five years after graduation shows medical and general nursing still highest proportionately, from 24 percent in Region IV to 32.3 percent in Region III. About 19 percent in Regions I, II, and III, and 21.3 percent in Region IV specified surgical nursing, and the combination of medical-surgical nursing ranged from 1.5 percent in Regions III and IV to 3.2 percent in Region I (Table 5-13).

Table 5-13. Clinical Field Choice of Practical Nurse Graduates
Five Years After Graduation by Geographic Region of School

Clinical Field	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Medical and general nursing	173	25.5	154	24.6	210	32.3	82	24.0	619	26.9
Medical-surgical nursing	22	3.2	12	1.9	10	1.5	5	1.5	49	2.1
Surgical nursing	135	19.9	123	19.6	126	19.4	73	21.3	457	19.9
Maternity nursing	74	10.9	110	17.5	99	15.2	53	15.5	336	14.6
Pediatric nursing	121	17.8	87	13.9	71	10.9	38	11.1	317	13.8
Psychiatric nursing	54	8.0	48	7.7	46	7.1	20	5.8	168	7.3
Other specialties	47	6.9	40	6.4	22	3.4	22	6.4	131	5.7
Mission, international work	1	0.1	0	0.0	0	0.0	15	4.4	16	0.7
Two or more choices	14	2.1	15	2.4	14	2.2	17	5.0	60	2.6
Nonhealth, no answer	38	5.6	38	6.1	53	8.2	17	5.0	146	6.4
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

Five years after graduation, both maternity and pediatric nursing ranged from 10.9 percent to somewhat over 17 percent. Respondents who chose psychiatric nursing ranged from 5.8 percent in Region IV to 8 percent in Region 1; and other specialties were from 3.4 percent in Region III to 6.9 percent in Region I. All but one participant planning on missionary work came from Region IV (4.4 percent), and from 2.1 percent in Region I to 5 percent in

Region IV gave two or more clinical areas as their choice. No answer and nonhealth work ranged from 5 percent in Region IV to 8.2 percent in Region III.

The national picture five years after graduation shows almost half, 48.9 percent, choosing medical, surgical, or medical and surgical nursing combined. Proportions for maternity, pediatric, and psychiatric nursing were: 14.6 percent, 13.8 percent, and 7.3 percent. Almost 6 percent chose other specialties, 2.6 percent had two or more choices, less than 1 percent named missionary nursing, and 6.4 percent did not respond.

Choice of clinical field for ten years after graduation has medical-general nursing again predominating, from 29.5 percent in Region IV to 34.3 percent in Region III. Surgical nursing ranged from 13.5 percent in Region I to 16.6 percent in Region III, and the combination of medical-surgical nursing was approximately 1 percent in each region (Table 5-14).

Table 5-14. Clinical Field Choice of Practical Nurse Graduates
Ten Years After Graduation by Geographic Region of School

Clinical Field	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Medical and general nursing	220	32.4	202	32.2	223	34.3	101	29.5	746	32.4
Medical-surgical nursing	12	1.8	6	1.0	5	0.8	3	0.9	26	1.1
Surgical nursing	92	13.5	91	14.5	108	16.6	48	14.0	339	14.7
Maternity nursing	81	11.9	99	15.8	83	12.8	44	12.9	307	13.4
Pediatric nursing	93	13.7	66	10.5	55	8.5	34	9.9	248	10.8
Psychiatric nursing	59	8.7	40	6.4	50	7.7	28	8.2	177	7.7
Other specialties	47	6.9	58	9.3	33	5.1	29	8.5	167	7.3
Mission, international work	1	0.1	0	0.0	1	0.1	14	4.1	16	0.7
Two or more choices	9	1.3	18	2.9	11	1.7	12	3.5	50	2.2
Nonhealth, no answer	65	9.6	47	7.5	82	12.6	29	8.5	223	9.7
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

Ranges for maternity nursing were from 11.9 percent in Region I to 15.8 percent in Region II, and for pediatric nursing 8.5 percent in Region III to 13.7 percent in Region I. Proportions choosing psychiatric nursing were from 6.4 percent in Region II to 8.7 percent in Region I. Those naming other specialties were from 5.1 percent in Region III to 9.3 percent in Region II, and two or more choices from 1.3 percent in Region I to 3.5 percent in Region IV. As before, the 4.1 percent in Region IV indicating missionary work were most of the responses in this area. At this point of projecting ten years into the future, there was an increase in proportion and range of nonresponses, being from 7.5 percent in Region II to 12.6 percent in Region III.

Looking at the entire sample, about a third, 48.2 percent, chose medical and general, surgical, or medical and surgical nursing combined. Thirteen and four-tenths percent preferred maternity nursing, 10.8 percent pediatric nursing, and a little over 7 percent psychiatric nursing or other specialties. Less than 1 percent chose missionary work, 2.2 percent gave two or more choices, and almost 10 percent did not respond.

When practical nurses indicated their probable choice of a clinical field 15 years after graduation, they again most frequently preferred medical and general nursing, ranging from 30.7 percent in Region IV to 35.8 percent in Region III. About 11 percent in each region mentioned surgical nursing, and another 1 percent medical-surgical (Table 5-15).

Table 5-15. Clinical Field Choice of Practical Nurse Graduates
Fifteen Years After Graduation by Geographic Region of School

Clinical Field	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Medical and general nursing	239	35.2	217	34.6	233	35.8	105	30.7	794	34.5
Medical-surgical nursing	10	1.5	7	1.1	5	0.8	2	0.6	24	1.0
Surgical nursing	81	11.9	72	11.5	74	11.4	37	10.8	264	11.5
Maternity nursing	79	11.6	78	12.4	71	10.9	39	11.4	267	11.6
Pediatric nursing	87	12.8	69	11.0	58	8.9	24	7.0	238	10.4
Psychiatric nursing	43	6.3	41	6.5	50	7.7	33	9.6	167	7.3
Other specialties	57	8.4	69	11.0	49	7.5	28	8.2	203	8.8
Mission, international work	1	0.1	0	0.0	1	0.1	15	4.4	17	0.7
Two or more choices	7	1.0	10	1.6	8	1.2	10	2.9	35	1.5
Nonhealth, no answer	75	11.0	64	10.2	102	15.7	49	14.3	290	12.6
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

From 10.9 percent in Region III to 12.4 percent in Region II named maternity nursing, and from 7 percent in Region IV to 12.8 percent in Region I, pediatric nursing. Psychiatric nursing was preferred by respondents ranging from 6.3 percent in Region I to 9.6 percent in Region IV, and other specialties were from 7.5 percent in Region III to 11 percent in Region II. Approximately from 1 to 2 percent had two or more choices, and missionary nurses were 4.4 percent in Region IV. No response ranged from 10.2 percent in Region II to 15.7 percent in Region III.

At the 15-year point, 47 percent preferred medical-general, surgical, or medical-surgical nursing; 11.6 percent maternity nursing; 10.4 percent pediatric nursing; and 7.3 percent psychiatric nursing. Almost 9 percent named other specialties, less than 1 percent missionary nursing, 1.5 percent had two or more choices, and 12.6 percent did not respond.

Generally, one year after graduation, practical nurses expected to be employed by hospitals. From 78.4 percent in Region IV to 87.5 percent in Region I gave this response. Other prospective employers which included more than 1 percent of the responses were: nursing homes, from 1 percent in Region I to 3.7 percent in Region II; self-employed in private duty, from 1 percent in Region I to 2.9 percent in Region III; and doctor or dentist, from 3.5 percent in Region I to 6.4 percent in Region IV. Other responses, ranging from 4 percent in Region II to 10.2 percent in Region IV, include double choices, ambiguous responses, and no responses. For the entire sample one year after graduation, 83.7 percent expected to be employed in hospitals, 4.9 percent by doctors or dentists, and about 2 percent by nursing homes or self-employed (Table 5-16).

Five years after graduation, fewer practical nurses expected to be employed by hospitals, from 51.9 percent in Region III to 63.3 percent in Region I. The proportional range in every other category of employer shows consequent increase. Nursing homes as a prospective employer ranged from 3.4 percent in Region III to 6.4 percent in Region IV, public health agencies from 3.2 percent in Region IV to 4.9 percent in Region III, schools (school nurses) from 1.4 percent in Region II to 2.2 percent in Region I, self-employed from 4 percent in Region II to 7.4

Table 5-16. Type of Employer of Practical Nurse Graduates One Year After Graduation by Geographic Region of School

Type of Employer	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Hospital	594	87.5	536	85.5	527	80.9	268	78.4	1,925	83.7
Nursing home	7	1.0	23	3.7	9	1.4	11	3.2	50	2.2
Public health agency	8	1.2	4	0.6	6	0.9	2	0.6	20	0.9
School (school nurse)	2	0.3	2	0.3	2	0.3	0	0.0	6	0.3
Industry	2	0.3	2	0.3	2	0.3	0	0.0	6	0.3
Individual private duty	7	1.0	8	1.3	19	2.9	4	1.2	38	1.7
Doctor or dentist	24	3.5	27	4.3	39	6.0	22	6.4	112	4.9
Other	35	5.2	25	4.0	47	7.2	35	10.2	142	6.2
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

Table 5-17. Type of Employer of Practical Nurse Graduates Five Years After Graduation by Geographic Region of School

Type of Employer	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Hospital	430	63.3	388	61.9	338	51.9	193	56.4	1,349	58.7
Nursing home	24	3.5	23	3.7	22	3.4	22	6.4	91	4.0
Public health agency	27	4.0	25	4.0	32	4.9	11	3.2	95	4.1
School (school nurse)	15	2.2	9	1.4	12	1.8	7	2.0	43	1.9
School of nursing	8	1.2	3	0.5	5	0.8	2	0.6	18	0.8
Industry	8	1.2	9	1.4	6	0.9	6	1.8	29	1.3
Individual private duty	39	5.7	25	4.0	48	7.4	14	4.1	126	5.5
Doctor or dentist	66	9.7	104	16.6	109	16.8	44	12.9	323	14.1
Other	62	9.1	41	6.5	79	12.1	43	12.6	225	9.8
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

percent in Region III, and doctor or dentist from 9.7 percent in Region I to 16.8 percent in Region III. Schools of nursing or industrial employment was indicated by about 1 percent in each region. Other and no answers accounted for responses ranging from 6.5 percent in Region II to 12.6 percent in Region IV. Proportions for the entire sample five years after graduation were 58.7 percent employed by hospitals, 14.1 percent by doctors or dentists, 5.5 percent self-employed, about 4 percent by nursing homes or public health agencies, and approximately 1 percent by schools, industry, or schools of nursing. Nine and eight-tenths percent gave other responses (Table 5-17).

Table 5-18 indicates choice of employing agency ten years after graduation. From about 40 percent, Regions III and IV, to almost 50 percent, Region I, indicated hospitals. From 3.7 percent in Region II to 5.1 percent in Region III planned to be employed by nursing homes; from 3.8 percent in Region I to 5.1 percent in Region III, public health agencies; from 8.5 percent in Region II to 12.2 percent in Region I, self-employed; and from 14.3 percent in Region I to 23.3 percent in Region II, doctors or dentists. From about 1 to 2 percent in each region specified schools (school nurses) or schools of nursing, and another 2 to 3 percent indicated industry.

Table 5-[illegible]. Type of Employer of Practical Nurse Graduates
Ten Years After Graduation by Geographic Region of School

Type of Employer	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Hospital	335	49.3	286	45.6	264	40.6	137	40.1	1,022	44.5
Nursing home	32	4.7	23	3.7	33	5.1	15	4.4	103	4.5
Public health agency	26	3.8	26	4.1	33	5.1	16	4.7	101	4.4
School (school nurse)	16	2.4	10	1.6	17	2.6	9	2.6	52	2.3
School of nursing	16	2.4	12	1.9	9	1.4	7	2.0	44	1.9
Industry	14	2.1	17	2.7	21	3.2	7	2.0	59	2.6
Individual private duty	83	12.2	53	8.5	72	11.1	34	9.9	242	10.5
Doctor or dentist	97	14.3	146	23.3	108	16.6	59	17.3	410	17.8
Other	60	8.8	54	8.6	94	14.4	58	17.0	266	11.6
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

There was a broader range of nonresponse and uncodeable responses, from 8.6 percent in Region II to 17 percent in Region IV. Ten years after graduation, 44.5 percent thought they would be employed by hospitals, 17.8 percent by doctors or dentists, 10.5 percent self-employed, about 4 percent by nursing homes or public health agencies, and approximately 2 percent by schools, schools of nursing, or industry. Eleven and six-tenths percent gave other responses.

Somewhat similar proportional ranges appear in Table 5-19 on type of employer 15 years after graduation. From 37.1 percent in Region IV to 44.3 percent in Region I said hospitals; from 10.8 percent in Region II to 17.4 percent in Region III, self-employed; and from 14 percent in Region III to 25 percent in Region II, doctors or dentists. About 4 percent in each region thought they would be employed by nursing homes, and from 3 to 4 percent, public health agencies. Those choosing schools as employers were from 1.8 percent in Region I to 2.9 percent in Region IV, and schools of nursing and industry ranged from approximately 1 to 2 percent in each region. Other responses again increased, from 10.5 percent in Region II to 20.2 percent in Region IV.

For the entire group 15 years after graduation, 40.3 percent thought they would be employed by hospitals, 18 percent by doctors or dentists, and 14.2 percent self-employed. About 4 percent thought they would be working for nursing homes or public health agencies, and 2 percent each named schools, industry, or schools of nursing. In all 13.8 percent did not respond or gave uncodeable responses.

Table 5-19. Type of Employer of Practical Nurse Graduates
Fifteen Years After Graduation by Geographic Region of School

Type of Employer	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Hospital	301	44.3	253	40.4	246	37.8	127	37.1	927	40.3
Nursing home	32	4.7	28	4.5	27	4.1	15	4.4	102	4.4
Public health agency	20	2.9	25	4.0	27	4.2	10	2.9	82	3.6
School (school nurse)	12	1.8	12	1.9	13	2.0	10	2.9	47	2.0
School of nursing	15	2.2	8	1.3	16	2.5	6	1.8	45	2.0
Industry	11	1.6	10	1.6	10	1.5	8	2.3	39	1.7
Individual private duty	106	15.6	68	10.8	113	17.4	39	11.4	326	14.2
Doctor or dentist	108	15.9	157	25.0	91	14.0	58	17.0	414	18.0
Other	74	10.9	66	10.5	108	16.6	69	20.2	317	13.8
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

One year after graduation, most practical nurses expected to work at the staff level - 87.6 percent in Region I, 84.7 percent in Region II, 68.7 percent in Region III, and 75.1 percent in Region IV. The only other specific category of position above the 1 percent level was private duty, which showed some regional variation: 2.4 percent in Region I, 3.5 percent in Region II, 12.2 percent in Region III, and 5.3 percent in Region IV. The category, "other," includes all positions not named in the table, two apparently mutually exclusive choices of position, ambiguous responses, and no responses. Proportions here had a wide range from 8.7 percent in Region I to 16.1 percent in Region IV. For the entire sample one year after graduation, 79.5 percent planned to be staff nurses, 5.9 percent private duty nurses, 11.5 percent gave other responses. All of the other positions in nursing were mentioned infrequently (Table 5-20).

A slight shift to positions of increased responsibility is indicated in Table 5-21 on position five years after graduation. Staff nurse still predominates but to a lesser degree, being approximately 60 to 70 percent in Regions I, II, and IV, with Region III still differing at 44.7 percent. There were more respondents planning on private duty in Region III, 20.5 percent, than in other regions, 14.6 percent in Region I, 12.6 percent in Region II, and 9.9 percent in Region IV.

More than five times as many respondents checked they wished to be head nurses five years after graduation as had given this response for one year after graduation, 5.4 percent in Region I, 2.9 percent in Region II, 8.2 percent in Region III, and 4.4 percent in Region IV. Region III again predominates with those who wished to be supervisors, 3.1 percent; in other regions this response occurred about 1 percent or less of the time.

The categories of teacher of nurses, administrator, and consultant, although each still accounted for 1 percent or less for each region, are slightly above the percents in Table 5-20. Research in nursing was the response of 2.6 percent in Regions III and IV, 1.9 percent in Region I, and 0.8 percent in Region II; and there was a decided increase in all regions in those giving responses which fell into "other," from approximately 11 percent in Regions I and II to about 20 percent in Regions III and IV.

Table 5-20. Type of Position of Practical Nurse Graduates One Year After Graduation by Geographic Region of School

Type of Position	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Staff nurse	595	87.6	531	84.7	447	68.7	257	75.1	1,830	79.5
Private duty	16	2.4	22	3.5	79	12.2	18	5.3	135	5.9
Head nurse	4	0.6	0	0.0	12	1.8	6	1.8	22	1.0
Supervisor	1	0.1	3	0.5	8	1.2	1	0.3	13	0.6
Teacher of nursing	0	0.0	2	0.3	2	0.3	1	0.3	5	0.2
Administrator	1	0.1	5	0.8	0	0.0	0	0.0	6	0.3
Nurse consultant	1	0.1	1	0.2	1	0.2	0	0.0	3	0.1
Nurse researcher	2	0.3	6	1.0	8	1.2	4	1.2	20	0.9
Other	59	8.7	57	9.1	94	14.4	55	16.1	265	11.5
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

Table 5-21. Type of Position of Practical Nurse Graduates Five Years After Graduation by Geographic Region of School

Type of Position	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Staff nurse	443	65.2	427	68.1	291	44.7	205	59.9	1,366	59.4
Private duty	99	14.6	79	12.6	133	20.5	34	9.9	345	15.0
Head nurse	37	5.4	18	2.9	53	8.2	15	4.4	123	5.4
Supervisor	3	0.4	11	1.8	20	3.1	3	0.9	37	1.6
Teacher of nursing	4	0.6	7	1.1	5	0.8	3	0.9	19	0.8
Administrator	1	0.1	4	0.6	1	0.2	0	0.0	6	0.3
Nurse consultant	2	0.3	2	0.3	5	0.8	3	0.9	12	0.5
Nurse researcher	13	1.9	5	0.8	17	2.6	9	2.6	44	1.9
Other	77	11.3	74	11.8	126	19.3	70	20.5	347	15.1
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

Five years after their graduation, 59.4 percent of the practical nurses saw themselves at the staff level; 15 percent planned on private duty nursing or some other position. Head nurse positions were indicated by 5.4 percent, supervisors and researchers by approximately 1 percent.

Ten years after graduation, choice of position shows a somewhat similar regional pattern, although proportions differ; about half of the practical nurse graduates in Regions I, II, and IV thought they would be staff nurses, but only 34.6 percent in Region III gave this response. The proportional range for those indicating private duty was wide, from 11.7 percent in Region IV to 21.8 percent in Region III. Head nurse positions were indicated by 4.3 percent in Region II, the lowest number, 7.8 percent in Region I, and 8.5 percent in Regions III and IV. Approximately 2, 3, and 4 percent in Regions I, II, and IV thought they would be supervisors, but almost 5 percent in Region III gave this response. The range for teacher of nurses was between 2 and 3 percent, with Region III the highest. Administrators and consultants in nursing continued at 1 percent or less for each region, but researchers ranged from 1.4 percent in Region II to 3.7 percent in Region III. Other responses ranged from 14.3 percent in Region II to 23.4 percent in Region IV (Table 5-22).

Table 5-22. Type of Position of Practical Nurse Graduates
Ten Years After Graduation by Geographic Region of School

Type of Position	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Staff nurse	333	49.0	339	54.1	225	34.6	155	45.3	1,052	45.7
Private duty	140	20.6	111	17.7	142	21.8	40	11.7	433	18.8
Head nurse	53	7.8	27	4.3	55	8.5	29	8.5	164	7.1
Supervisor	17	2.5	20	3.2	32	4.9	14	4.1	83	3.6
Teacher of nursing	14	2.1	19	3.0	23	3.5	7	2.0	63	2.7
Administrator	1	0.1	6	1.0	5	0.8	2	0.6	14	0.6
Nurse consultant	5	0.7	6	1.0	5	0.8	4	1.2	20	0.9
Nurse researcher	16	2.4	9	1.4	24	3.7	11	3.2	60	2.6
Other	100	14.7	90	14.3	140	21.5	80	23.4	410	17.8
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

For the entire group ten years after graduation, 45.7 percent planned on staff nursing; about 18 percent on private duty or other positions; 7.1 percent thought they would be head nurses; almost 4 percent supervisors; approximately 2 percent researchers or teachers of nurses; and less than 1 percent administrators or consultants.

Patterns and proportions of respondents choosing specific positions at the 15-year level were similar to choices at the 10-year point. Between 30.1 percent in Region III and 49.3 percent in Region II felt they would be at the staff level, and from 13.7 percent in Region IV to 26.1 percent in Region I chose private duty nursing. Head nurse positions ranged from 3 percent in Region II to 7.3 percent in Region IV, supervisors from 2.6 percent in Region II to 4.5 percent in Region III, teacher of nurses from 1.5 percent in Region IV to 3.8 percent in Region III, researcher in nursing from 2.4 percent in Region I to 5.4 percent in Region III. Those planning on work as administrators or consultants remained at 1 percent or less in each region. Other choices were given, ranging from 15.9 percent in Region I to 26.3 percent in Region IV (Table 5-23)

The total picture 15 years after graduation is 40.6 percent staff nurse, 22 percent private duty, 5.6 percent head nurse, 3.3 percent supervisor, 3.6 percent researcher, and 20 percent gave other choices or no response.

Table 5-23. Type of Position of Practical Nurse Graduates Fifteen Years After Graduation by Geographic Region of School

Type of Position	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Staff nurse	286	42.1	309	49.3	196	30.1	142	41.5	933	40.6
Private duty	177	26.1	121	19.3	160	24.6	47	13.7	505	22.0
Head nurse	40	5.9	19	3.0	45	6.9	25	7.3	129	5.6
Supervisor	21	3.1	16	2.6	29	4.5	10	2.9	76	3.3
Teacher of nursing	23	3.4	16	2.6	25	3.8	5	1.5	69	3.0
Administrator	5	0.7	5	0.8	6	0.9	4	1.2	20	0.9
Nurse consultant	3	0.4	12	1.9	6	0.9	5	1.5	26	1.1
Nurse researcher	16	2.4	17	2.7	35	5.4	14	4.1	82	3.6
Other	108	15.9	112	17.9	149	22.9	90	26.3	459	20.0
Total	679	100.0	627	100.0	651	100.0	342	100.0	2,299	100.0

Table 5-24. Clinical Area Choice of Practical Nurse Graduates from One to Fifteen Years After Graduation

Clinical Area	1 Year After Graduation		5 Years After Graduation		10 Years After Graduation		15 Years After Graduation	
	No.	%	No.	%	No.	%	No.	%
Medical and general nursing	913	39.7	619	26.9	746	32.4	794	34.5
Medical-surgical nursing	83	3.6	49	2.1	26	1.1	24	1.0
Surgical nursing	417	18.1	457	19.9	339	14.7	264	11.5
Maternity nursing	295	12.8	336	14.6	307	13.4	267	11.6
Pediatric nursing	239	10.4	317	13.8	248	10.8	238	10.4
Psychiatric nursing	83	3.6	168	7.3	177	7.7	167	7.3
Other specialties	87	3.8	131	5.7	167	7.3	203	8.8
Mission, international work	13	0.6	16	0.7	16	0.7	17	0.7
Two or more choices	67	2.9	60	2.6	50	2.2	35	1.5
Nonmedical or no answer	102	4.4	146	6.4	223	9.7	290	12.6
Total	2,299	100.0	2,299	100.0	2,299	100.0	2,299	100.0

Table 5-25. Type of Employer of Practical Nurse Graduates from One to Fifteen Years After Graduation

Type of Employer	1 Year After Graduation		5 Years After Graduation		10 Years After Graduation		15 Years After Graduation	
	No.	%	No.	%	No.	%	No.	%
Hospital	1,925	83.7	1,349	58.7	1,022	44.5	927	40.3
Nursing home	50	2.2	91	4.0	103	4.5	102	4.4
Public health agency	20	0.9	95	4.1	101	4.4	82	3.6
School (school nurse)	6	0.3	43	1.9	52	2.3	47	2.0
School of nursing	0	0.0	18	0.8	44	1.9	45	2.0
Industry	6	0.3	29	1.3	59	2.6	39	1.7
Individual private duty	38	1.7	126	5.5	242	10.5	326	14.2
Doctor or dentist	112	4.9	323	14.1	410	17.8	414	18.0
Other	142	6.2	225	9.8	266	11.6	317	13.8
Total	2,299	100.0	2,299	100.0	2,299	100.0	2,299	100.0

Table 5-26. Type of Position of Practical Nurse Graduates from One to Fifteen Years After Graduation

Type of Position	1 Year After Graduation		5 Years After Graduation		10 Years After Graduation		15 Years After Graduation	
	No.	%	No.	%	No.	%	No.	%
Staff nurse	1,830	79.5	1,366	59.4	1,052	45.7	933	40.6
Private duty	135	5.9	345	15.0	433	18.8	505	22.0
Head nurse	22	1.0	123	5.4	164	7.1	129	5.6
Supervisor	13	0.6	37	1.6	83	3.6	76	3.3
Teacher of nursing	5	0.2	19	0.8	63	2.7	69	3.0
Administrator	6	0.3	6	0.3	14	0.6	20	0.9
Nurse consultant	3	0.1	12	0.5	20	0.9	26	1.1
Nurse researcher	20	0.9	44	1.9	60	2.6	82	3.6
Other	265	11.5	347	15.1	410	17.8	459	20.0
Total	2,299	100.0	2,299	100.0	2,299	100.0	2,299	100.0

Some of the choices and responses presented in Tables 5-12 to 5-23 dealing with clinical area, employer, and position can be questioned in terms of their relevance for the practical nurse, that is, if the definition of practical nurse is confined to the more generally accepted one: a practitioner whose area of function and responsibility is circumscribed by her essentially vocational preparation. However, it is known in practice that all nurses, including practical nurses, do sometimes fill positions for which they are not prepared or that continuing education programs supplement their formal preparation. There are also some responses which may seem out of line which were valid, that is, a few practical nurses who said they planned to be administrators owned (or their families owned) nursing homes. Perhaps what the responses in these tables indicate more than anything else is, first, that practical nurses seek upward career mobility; secondly, that there is indecision or lack of realistic information about future career plans and opportunities even at graduation. This can more easily be seen in Tables 5-24, 5-25, and 5-26. These tables summarize the total sample responses for each point in time.

In Table 5-24, the choices of medical and general, medical-surgical, surgical, and maternity nursing decrease over the years, while psychiatric nursing, other specialties, and nonresponses increase.

The hospital as an employer decreases almost by half over the years, while all other types of employer increase in proportion. This is especially evident in self-employment in private duty, working for a doctor or dentist, and other or nonresponses (Table 5-25).

Changes in expected position described in Table 5-26 indicate that staff nurse also decreases almost by half over the years, while all other choices increase. The greatest proportional increases occur in categories private duty, other and nonresponse, and head nurse.

CHAPTER VI

PRACTICAL NURSES ONE YEAR AFTER GRADUATION

The third questionnaire was sent to all of the participants one year after graduation from a practical or vocational nursing program provided they had responded to the second questionnaire at the time of graduation. Of the 3,014 originally participating, 2,336 are known to have graduated within the time limits set. Of the known graduates, 2,299 responded to the second questionnaire near to the time of each one's graduation and of the graduates, 2,167 responded to the third questionnaire. Detailed information about those who did not respond is included in Appendix C.

The entering students referred to in this chapter include only those known to have graduated. The graduating students are those who not only graduated, but also answered both the first and second questionnaires. The graduates after one year are those who not only graduated, but also answered all three questionnaires. Information obtained from the first or second questionnaire responses shows no discernible difference between the third questionnaire respondents and nonrespondents.

Marital Status

As might be expected in a predominantly female group, the number of practical nurse respondents reporting themselves as being married one year after graduation was greatly increased. Although many practical nursing students, 32.9 percent, had been married when they enrolled in the program in the fall of 1962, 52.8 percent were married one year after graduation (Table 6-1). Since marriage may be considered a major influence on all decisions in a person's life, these figures suggest that for a large number of the newly graduated practical nurses, social and personal pursuits may have been a main force on career decisions during this year.

The percentages of formerly married, 9.6 percent on entering and 9.5 percent one year later, show little change over the 2-year period, while there is no change in the percentage of participants in religious life. All respondents who indicated they were members of a religious community in 1964 had given the same response when entering the nursing program.

Table 6-1. Marital Status of the Practical Nurse Graduates at Entrance, Graduation, and One Year After Graduation

Marital Status	At Entrance		At Graduation		One Year Later	
	No.	%	No.	%	No.	%
Single*	1,315	56.3	1,237	53.8	809	37.3
Married*	768	32.9	831	36.1	1,145	52.8
Formerly married*	224	9.6	222	9.7	205	9.5
Religious	8	0.3	8	0.3	7	0.3
Undetermined	21	0.9	1	0.0	1	0.0
Total	2,336	100.0	2,299	100.0	2,167	100.0

*Includes men

Table 6-2 presents a more detailed breakdown of marital status by region and sex one year after graduation. Percentages of married women display considerable differences among regions. The smallest proportion are in Region I; the largest in Region III. The percentage of women reporting themselves to be widows was lowest, 0.8

percent in Region I and highest, 5 percent in Region IV. Although the percentages were higher, the variations by region of divorced women followed a similar pattern - 1.9 percent in Region I and 7.1 percent in Region IV. Women separated from their husbands were about 2 percent in each region.

Single men comprised 1 percent or less of respondents in each region. The percentages of married and formerly married men ranged from 0.2 percent in Region I to 2.3 percent in Region III.

Table 6-2. Marital Status of the Practical Nurse Participants One Year After Graduation by Geographic Region of School*

Marital Status	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Single women	359	56.1	218	36.7	140	22.9	76	23.6	793	36.6
Married women	241	37.7	310	52.2	379	62.0	192	59.6	1,122	51.8
Widowed women	5	0.8	16	2.7	23	3.8	16	5.0	60	2.8
Divorced women	12	1.9	25	4.2	39	6.4	23	7.1	99	4.6
Separated women	13	2.0	13	2.2	12	2.0	8	2.5	46	2.1
Religious	2	0.3	4	0.7	1	0.2	0	0.0	7	0.3
Single men	7	1.1	2	0.3	3	0.5	4	1.2	16	0.7
Married and formerly married men	1	0.2	5	0.8	14	2.3	3	0.9	23	1.1
No answer	0	0.0	1	0.2	0	0.0	0	0.0	1	0.0
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

*NLN Region I (North Atlantic) Conn., Del., D.C., Me., Mass., N.H., N.J., N.Y., Pa., R.I., Vt.
Region II (Midwestern) Ill., Ind., Iowa, Kan., Mich., Minn., Mo., Neb., N.D., Ohio, S.D., Wis.
Region III (Southern) Ala., Ark., Fla., Ga., Ky., La., Md., Miss., N.C., Okla., Puerto Rico, S.C., Tenn, Tex., Va., W. Va.
Region IV (Western) Alaska, Ariz., Calif., Colo., Hawaii, Idaho, Mont., Nev., N.M., Ore., Utah, Wash., Wyo.

One year after graduation, the women practical nurses in the national sample were 36.6 percent single, 51.8 percent married, 2.8 percent widowed, 4.6 percent divorced, and 2.1 percent separated. Single men comprised 0.7 percent of the sample; married men 1.1 percent.

The total numbers reported in Tables 6-3 through 6-8 on specific characteristics of spouse and number of children are married and formerly married men and women. Single respondents were not expected to answer these questions. If single respondents did reply to these questions either through error or in terms of a future marriage, the responses were not coded and do not appear in these tables.

The percentage of those who said they had married after graduation ranged from 18.2 percent in Region III to 40.1 percent in Region I (Table 6-3). Those who said they had married prior to graduation were 54.4 percent in Region I, 57.4 percent in Region II, 70.2 percent in Region III, and 67.8 percent in Region IV. A considerable number of those identifying themselves as married or formerly married failed to answer this question - 5.5 percent in Region I, 7 percent in Region II, 11.6 percent in Region III, and 10.7 percent in Region IV. For all responses relevant to time of marriage, 27.9 percent had married after graduation, 63.1 percent before, and 9 percent did not reply.

Table 6-3. Practical Nurses' Report of Marriage After Graduation by Geographic Region of School

Time of Marriage	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Marriage after graduation	109	40.1	131	35.5	85	18.2	52	21.5	377	27.9
Marriage before graduation	148	54.4	212	57.4	328	70.2	164	67.8	852	63.1
No answer	15	5.5	26	7.0	54	11.6	26	10.7	121	9.0
Total	272	100.0	369	100.0	467	100.0	242	100.0	1,350	100.0

Of the married or formerly married respondents, 23.5 percent stated they had no children. This percentage no doubt reflects, to a great extent, the marriages which had taken place since graduation. Again, the regional differences range from a low of 17.3 percent in Region III to a high of 33.1 percent in Region I (Table 6-4).

About a fifth of the respondents had one child, with no regional differences. Almost another fifth had two children, with a low of 16.8 percent in Region II and a high of 24.8 percent in Region IV. The percentage of respondents who did not answer was 6.4 percent. Nationally, it can be seen that none, one, or two children accounted for about 65 percent of all responses.

Table 6-4. Number of Children of Married and Formerly Married Men and Women by Geographic Region of School

Number of Children	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
None	90	33.1	104	28.2	81	17.3	42	17.4	317	23.5
One	50	18.4	78	21.1	100	21.4	50	20.7	278	20.6
Two	56	20.6	62	16.8	105	22.5	60	24.8	283	21.0
Three	35	12.9	54	14.6	91	19.5	37	15.3	217	16.1
Four	15	5.5	25	6.8	40	8.6	13	5.4	93	6.9
Five or more	10	3.7	22	6.0	25	5.4	19	7.8	76	5.6
No answer	16	5.9	24	6.5	25	5.4	21	8.7	86	6.4
Total	272	100.0	369	100.0	467	100.0	242	100.0	1,350	100.0

A small number, about 4.4 percent, of the participants indicated they were married to persons who were also engaged in a health occupation (Table 6-5). In this area, professional, semiprofessional, and nonprofessional work is represented. One respondent was married to a physician, 5 to dentists or other medical professionals, 5 to registered nurses, and 11 to other practical nurses. Other health occupations included nursing aide, hospital maintenance work, hospital clerical work, skilled labor in a hospital, technical hospital work, and nonspecific hospital work.

By far the highest percentage, 25.4, were married to skilled workers - electricians, plumbers, mechanics, carpenters, and so on. The next largest single group, 13.9 percent, were married to sales and clerical personnel -

all types of office work, retail sales, and small business enterprises, such as owner of a small store. Semiskilled and unskilled occupations for their spouses were next. The terms semiskilled and unskilled are based on occupational titles listed by the U.S. Employment Service, U.S. Department of Labor, and are described more fully in Appendix B.

Table 6-5. Occupation of the Spouse of Practical Nurses One Year After Graduation by Geographic Region of School

Occupation of Spouse	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Health-oriented	11	4.0	17	4.6	29	6.2	3	1.2	60	4.4
Teacher	1	0.4	7	1.9	8	1.7	4	1.7	20	1.5
Clergy	1	0.4	3	0.8	5	1.1	2	0.8	11	0.8
Other service	7	2.6	5	1.3	11	2.4	5	2.1	28	2.1
Professional and semiprofessional	19	7.0	9	2.4	17	3.6	7	2.9	52	3.8
Sales and clerical	50	18.4	46	12.5	54	11.6	38	15.7	188	13.9
Farmer	6	2.2	14	3.8	10	2.1	8	3.3	38	2.8
Military enlisted	15	5.5	13	3.5	26	5.6	13	5.4	67	5.0
Out-of-doors	4	1.5	2	0.5	2	0.4	9	3.7	17	1.3
Skilled worker	85	31.2	108	29.3	101	21.6	49	20.2	343	25.4
Semiskilled worker	18	6.6	31	8.4	38	8.1	18	7.4	105	7.8
Unskilled	12	4.4	26	7.0	34	7.3	18	7.4	90	6.7
Not working	9	3.3	24	6.5	17	3.6	11	4.5	61	4.5
Other	6	2.2	15	4.1	27	5.8	16	6.6	64	4.7
No answer and uncodeable	28	10.3	49	13.3	88	18.8	41	16.9	206	15.3
Total	272	100.0	369	100.0	467	100.0	242	100.0	1,350	100.0

The remaining respondents reported their husbands' or wives' occupations in many other areas, with no particularly large single group. About 4.5 percent were listed as not working - retired, unemployed, disabled, or students.

The category "other" includes 6 men who stated their wives were housewives and 58 women who said their husbands were deceased. Percentages ranged from 2.2 percent in Region I to 6.6 percent in Region IV. No answer or uncodeable answers ranged from 10.3 percent in Region I to 18.8 percent in Region III. The high frequencies in this category are accounted for partially by the fact that many who were divorced or separated did not answer questions pertaining to the former spouse.

Approximately two-thirds of all respondents stated that the husband or wife was employed by a person, an organization, or a company. This ranged from a high of 71.7 percent in Region I to a low of 60.3 percent in Region IV (Table 6-6). Approximately 8 percent were currently self-employed, either in their own business or as farmers. Only 1.3 percent were identified as unemployed at the time the questionnaire was completed. For a large number, however, the employment status was not identifiable. This includes, of course, the entire group who did not name an occupation, and also some who were not working, as well as any who may have failed to answer this part of the question. This, too, varied by region with 16.2 percent in Region I to 28.9 percent in Region IV.

Table 6-6. Employment Status of the Spouse of Practical Nurses
by Geographic Region of School

Employment Status of Spouse	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Self-employed	32	11.7	27	7.3	29	6.2	20	8.3	108	8.0
Employed	195	71.7	252	68.3	315	67.5	146	60.3	908	67.3
Unemployed	1	0.4	2	0.5	9	1.9	6	2.5	18	1.3
Not identifiable	44	16.2	88	23.8	114	24.4	70	28.9	316	23.4
Total	272	100.0	369	100.0	467	100.0	242	100.0	1,350	100.0

For the entire sample, 75.3 percent were reportedly employed or self-employed, 1.3 percent unemployed, and for the remaining 23.4 percent, the employment status was not identifiable.

Social index can be considered an artificially constructed continuum based on stated occupation and highest year completed in school (see explanation in Appendix B). The range extends from a high of one to a low of five. The appropriate number was assigned to each combination of occupation and education by a previously defined social index scale.

Table 6-7. Social Index of the Spouse of Practical Nurses
by Geographic Region of School

Social Index of Spouse	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
One	4	1.5	4	1.1	5	1.1	3	1.2	16	1.2
Two	13	4.8	13	3.5	22	4.7	10	4.1	58	4.3
Three	43	15.8	38	10.3	37	7.9	28	11.6	146	10.8
Four	135	49.6	173	46.9	179	38.3	93	38.4	580	43.0
Five	21	7.7	35	9.5	68	14.6	20	8.3	144	10.7
Unidentified	56	20.6	106	28.7	156	33.4	88	36.4	406	30.1
Total	272	100.0	369	100.0	467	100.0	242	100.0	1,350	100.0

Approximately 1 percent in each region were classified as one on the social index scale while 4 percent were classified as two (Table 6-7).

The highest percentage was 43 percent in the fourth position on the scale, ranging from 49.6 percent in Region I to 38.3 percent in Region III. The most common relationship which fell into this category were the sales and clerical workers and skilled workers who had 11 or 12 years of education. A practical nurse with 12 years of education would also be in the fourth position on this scale. It can therefore be assumed that for nearly half the respondents in this study, both husband and wife would be appointed the same rating on the social index scale.

The lowest number on the scale, five, was assigned to about 10 percent, but there were 30 percent for whom no classification could be reached. Again, this included the considerable number of those who failed to answer enough of the questions pertaining to the spouses to determine this classification, as well as those who were not working and many in the self-employed group. A businessman or farmer who was self-employed could not be assigned on the index scale because of lack of information pertaining to size of the business operation.

By far the largest number, over one-third of the respondents, said their husbands or wives had completed 12 years of education, percentages ranging from 40.4 percent in Region II to 33 percent in Region IV. The next highest frequencies occurred in the groups just above this - 13, 14, and 15 years of education. These ranged from 23.5 percent in Region I to 12.2 percent in Region III and amounted to approximately one-fifth of the entire group.

Table 6-8. Education of the Spouse of Practical Nurses
by Geographic Region of School

Education of Spouse	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
8 years and under	16	5.9	22	6.0	53	11.3	9	3.7	100	7.4
9, 10, and 11 years	50	18.4	51	13.8	98	21.0	43	17.8	242	17.9
12 years	100	36.8	149	40.4	165	35.3	80	33.0	494	36.6
13, 14, and 15 years	64	23.5	80	21.7	57	12.2	51	21.1	252	18.7
16 years and over	18	6.6	23	6.2	30	6.4	24	9.9	95	7.0
No answer or ambiguous	24	8.8	44	11.9	64	13.7	35	14.5	167	12.4
Total	272	100.0	369	100.0	467	100.0	242	100.0	1,350	100.0

The distribution of the actual responses to this question resembles a normal curve with the modal point at 12 years. Ambiguous and no answers accounted for 12.4 percent of the entire group (Table 6-8).

Employment Status

Information that the respondents supplied about their own careers shows the statistically "typical" practical nurse one year after her graduation from the preservice program to be working full time in general or medical nursing, probably employed by a hospital as a staff nurse. Although this rather bland and expected description is true of about three-fourths of the participants, it masks the wide variety of employment described by the remaining fourth.

Table 6-9 indicates that in all regions, except IV (67.1 percent) 75 percent or more of the practical nurses, men and women, were working full time. The number working full time includes all who checked the option over 33 hours as well as those who checked full time. The designation, part time, includes all who checked the options: part time, 1 to 16 hours or 17 to 32 hours per week. Of those who responded that they were not working, again there is a similarity - 12 to 13 percent, among all regions except IV, where 19.6 percent indicated they were not working.

Those respondents who may have checked both full- and part-time work, those who indicated they were working but currently on leave of absence, and those whose hours of work per week could not be discerned clearly were coded as ambiguous. These responses varied from 1 to 4 percent by region. Some of these were no doubt working, but could not be classified specifically with the others. The nonresponse to this question was less than 1 percent for all regions.

Table 6-9. Current Employment Status of Practical Nurses
One Year After Graduation by Geographic Region of School

Employment Status One Year After Graduation	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Full time	480	75.0	457	76.9	475	77.7	216	67.1	1,628	75.1
Part time	57	8.9	46	7.7	44	7.2	31	9.6	178	8.2
Not working	88	13.7	72	12.1	80	13.1	63	19.6	303	14.0
Ambiguous	14	2.2	17	2.9	8	1.3	12	3.7	51	2.4
No answer	1	0.2	2	0.3	4	0.6	0	0.0	7	0.3
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

For the entire group of practical nurses responding to the third questionnaire (women and men, married and single), the national sample indicates somewhat over three-fourths employed full time, 8.2 percent employed part time, and 14 percent not working.

Clinical Field of Employment

Respondents were asked to check the clinical field in which they were currently employed. The first options, medical, surgical, or the two combined, account for about half of all those answering this question (Table 6-10). Specifically, a third or more in every region were doing medical or general nursing. The percents ranged from 33.6 in Region I to 45.7 in Region III. Surgical nursing was the clinical field indicated by a high of 11 percent in Region II and a low of 9 percent in Region III. The combination medical-surgical added to these areas by a high of 14.5 percent in Region I to a low of 5.3 percent in Region IV.

The number of respondents engaged in maternity nursing was somewhat different among the regions, the distribution being about 5 percent in Regions I and IV to almost 11 percent in Region II. Pediatrics was the clinical field of from 7.5 percent in Region I to 3.4 percent in Region III. Psychiatric nursing was the clinical field for 3.6 percent in Region III to less than 1 percent in Regions II and IV.

The five clinical field options mentioned above are those that appeared on the questionnaire. Other service areas were mentioned by some respondents who wrote some other descriptive term. Those who specified geriatrics as their clinical field, which here includes chronic disease and long-term care, ranged from 1.5 percent in Region III to almost 5 percent in Region IV. Some practical nurses reported they were working as operating room technicians or operating or delivery room scrub nurses. These ranged from 1 percent in Region III to 2.5 percent in Region I.

Those who said they were office nurses or doctor's office assistants and one participant who was an industrial nurse are included in the category "nonhospital nurse." These are 1.6 percent in Regions I and IV and almost the same number, 2.7 percent and 2.6 percent, for Regions II and III, respectively.

Other special services named by respondents were: surgical specialties, such as orthopedics; nursing of the acutely ill, such as work on the intensive care unit; public health nursing; and medical specialties, such as rehabilitation nursing. Some respondents gave combinations of two or more services. These are all included in the category "more than one service and other special services" in Table 6-10, and the percentages ranged from 3.9 in Region III to 9.6 in Region IV.

Table 6-10. Clinical Field of Employment of Practical Nurses One Year After Graduation by Geographic Region of School

Clinical Field	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Medical or general	215	33.6	202	34.0	279	45.7	109	33.9	805	37.1
Surgical	63	9.8	64	10.8	54	8.8	33	10.2	214	9.9
Medical-surgical	93	14.5	55	9.3	43	7.0	17	5.3	208	9.6
Maternity	34	5.3	63	10.6	43	7.0	15	4.7	155	7.2
Pediatrics	48	7.5	36	6.1	21	3.4	14	4.3	119	5.5
Psychiatry	19	3.0	5	0.8	22	3.6	3	0.9	49	2.3
Geriatrics	15	2.3	11	1.9	9	1.5	15	4.7	50	2.3
Operating room	16	2.5	9	1.5	6	1.0	7	2.2	38	1.8
Nonhospital nurse	10	1.6	16	2.7	16	2.6	5	1.6	47	2.2
More than one service and other special services	41	6.4	54	9.1	24	3.9	31	9.6	150	6.9
Other positions in the health field	3	0.5	2	0.3	5	0.8	4	1.2	14	0.6
Nonnursing or nonhealth positions	12	1.9	6	1.0	14	2.3	7	2.2	39	1.8
No answer or not working	71	11.1	71	12.0	75	12.3	62	19.2	279	12.8
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

The category, other positions in the health field, includes those who wrote in some type of church or international work. Usually it was unclear whether or not these respondents were engaged primarily in nursing. Included here, also, are those who were working currently as technicians or therapists, such as laboratory assistants or oxygen therapists. These respondents were approximately 1 percent, or less, in all regions.

Included in nonnursing or nonhealth positions were those who checked "not in the health field" without specifying their current occupational field, and those who definitely stated they were now employed in business or industry in a nonnursing capacity. Respondents in this category ranged from 1 percent in Region II to slightly over 2 percent in Region III.

Those not responding to current clinical field of employment ranged from 11.1 percent in Region I to 19.2 percent in Region IV. For the most part, these were the same respondents who were not employed at the time they completed the questionnaire. Frequencies and percentages are not exactly the same as for those "not working" in Table 6-10 because some who reported themselves not working did name a clinical field in which they had been employed previously. All responses on the questionnaires had been coded as they appeared without interpretation as to consistency of respondents' intent.

For the entire sample of practical nurses one year after graduation, 37 percent were doing medical or general nursing, almost 10 percent surgical nursing, and another 10 percent medical-surgical nursing. Approximately 7 percent were engaged in maternity nursing, 6 percent in pediatric nursing, 2 percent each in psychiatric or geriatric nursing, while 2 percent were working in the operating room. Nonhospital nursing work was reported by 2 percent;

7 percent named some other or more than one special service; and less than 1 percent had other positions in the health field. Nonnursing positions were held by about 2 percent of all respondents, while about 13 percent failed to answer, primarily because they were not working.

Type of Employer

When respondents were asked to name the type of institution or agency by whom they were now employed, about three-fourths said they were working in hospitals, ranging from 76.6 percent in Region II to 65.8 percent in Region IV (Table 6-11). Nursing home employment was specified by from 1.6 percent in Region III to 4 percent in Region IV.

Table 6-11. Employers of Practical Nurses One Year After Graduation by Geographic Region of School

Employer	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Hospital	486	75.9	455	76.6	446	73.0	212	65.8	1,599	73.8
Nursing home	21	3.3	19	3.2	10	1.6	13	4.0	63	2.9
Private patient	14	2.2	9	1.5	30	4.9	7	2.2	60	2.8
Doctor or dentist	20	3.1	29	4.9	26	4.3	15	4.7	90	4.2
Miscellaneous	18	2.8	14	2.3	16	2.6	13	4.0	61	2.8
More than one employer	9		5		10		8		32	
Public health agency	5		1		2		3		11	
School nurse			1		1				2	
School of nursing			1		1				2	
Industry					1				1	
Religious organization	2		4				2		8	
Military	1				1				2	
Nonhospital institution	1		1						2	
Self-employed			1						1	
Student	8	1.3	0	0.0	5	0.8	0	0.0	13	0.6
Nonnursing employers	7	1.1	4	0.7	7	1.1	6	1.9	24	1.1
No answer or not working	66	10.3	64	10.8	71	11.6	56	17.4	257	11.9
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

Some 1 to 5 percent of the respondents in each region were doing private duty or employed in the offices of doctors or dentists. These figures for the latter differ from those who reported their clinical field to be office nursing because respondents often gave the physician's specialty as their clinical field of employment.

Other employers and more than one employer accounted for from 2.3 percent in Region II to 4 percent in Region IV. Thirteen respondents identified themselves as being full-time students - all in Regions I and III.

Nonnursing employers that were named accounted for 1 to 2 percent. For this question, 10.3 percent in Region I to 17.4 percent in Region IV did not answer, or identified themselves as not working. Again, some responded in terms of employers earlier in the year before they had answered the questionnaire, which makes the number slightly different from those currently not working.

For the entire sample of practical nurses, 73.8 percent were employed by hospitals, 2.9 percent by nursing homes, 2.8 percent were probably self-employed since they designated themselves as private duty nurses, and 4.2 percent were working for doctors or dentists. Other employers were named by 3 percent, less than 1 percent were full-time students, 1 percent specified nonnursing employers, and 12 percent were not working or did not answer.

Type of Position

For the most part, practical nurses said they occupied the position of staff nurse: 73.7 percent in Regions I and II, 66.6 percent in Region III, and 62.4 percent in Region IV (Table 6-12).

Table 6-12. Positions Held by Practical Nurses One Year After Graduation by Geographic Region of School

Position Held	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Staff	472	73.7	438	73.7	407	66.6	201	62.4	1,518	70.1
Staff combined	16	2.5	16	2.7	13	2.1	12	3.7	57	2.6
Staff and private duty	6		6		6		2		20	
Staff and head nurse	6		5		7		5		23	
Staff and other	4		5				5		14	
Private duty	19	3.0	8	1.3	34	5.6	8	2.5	69	3.2
Head nurse or assistant head nurse	20	3.1	11	1.9	17	2.9	8	2.5	56	2.6
Supervisor or assistant supervisor	1	0.2	2	0.3	6	1.0	1	0.3	10	0.5
Doctor's assistant	19	3.0	23	3.9	12	2.0	12	3.7	66	3.0
Miscellaneous	11	1.7	18	3.0	14	2.3	8	2.5	51	2.4
Teacher and administrator	2		3		2		1		8	
Not specified	2		5		4		2		13	
Church							2		2	
Two positions	1		2		1		2		6	
Military and government	1				1				2	
Surgical technician	5		8		6		1		20	
Student	9	1.4	2	0.3	7	1.1	0	0.0	18	0.8
Nonnurse position	6	0.9	5	0.8	11	1.8	6	1.9	28	1.3
No answer or not working	67	10.5	71	12.0	90	14.7	66	20.5	294	13.6
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

Some respondents said they were staff nurses and also occupied some other position part of the time. Probably some of these may have held two jobs (staff and private duty), while others may have occupied the second position only at unidentified intervals (staff and head nurse). Those who gave staff nurse in combination with some other position ranged from 2.1 percent in Region III to 3.7 percent in Region IV.

There were from 1.3 percent in Region II to 5.6 percent in Region III who identified their position as private duty nurse. These are slightly different from the number who reported themselves to be private duty nurses when responding to the question concerning current employer. Some who had given this response were private duty nurses with many types of patients in hospitals and others may have been doing private duty for specific doctors and, therefore, were identifying a specific clinical area.

Practical nurses who called themselves doctor's assistants ranged from 2 percent in Region III to almost 4 percent in Regions II and IV.

Some practical nurses in each region gave as their only position titles which might ordinarily be considered inappropriate for the practical nurse. Approximately 2 percent said they were head nurses or assistant head nurses; about 1 percent said they were supervisors or assistant supervisors; while a few said they were teachers or administrators. An individual analysis of the 56 practical nurses who said they were head nurses or assistant head nurses shows that 19 were employed by nursing homes, 24 by hospitals, 6 presumably by psychiatric hospitals (since their clinical area was psychiatry), and another 7 worked for various other employers. Of the 10 who indicated they were supervisors or assistant supervisors, 6 were in nursing homes and 4 in hospitals. Of the 8 who specified teacher or administrator, 4 were in nursing homes, 2 in hospitals, 1 owned a nursing home, and 1 worked for some other type of employer.

Again, a small number, 1 percent or less in Regions I, II, and III, said their position was full-time student. Those who named nonnursing positions in response to this question ranged from less than 1 percent in Region II to 1.9 percent in Region IV. There were 10.5 percent in Region I, 12 percent in Region II, 14.7 percent in Region III, and 20.5 percent in Region IV who either did not answer or were not working.

The national sample picture for positions held by practical nurses one year after graduation is: 70.1 percent staff nurses, 2.6 percent staff nurse in combination with one other position, 3.2 percent private duty nurses, 2.6 percent head nurses, less than 1 percent supervisors, 3 percent doctor's assistants, and 2.4 percent in other named positions. Very few, less than 1 percent, said their position was student, 1.3 percent indicated nonnursing positions, and 13.6 percent were not working or did not answer.

Employment Stability

All respondents to the third questionnaire were asked how many times they had changed their position within the previous year. They were asked also to give briefly the reason for changing position and space was allowed on the questionnaire for at least two reasons for each change.

For the most part, respondents reported they had not changed positions (Table 6-13) - 63.3 percent in Region I, 61.4 percent in Region II, 62.4 percent in Region III, and 57.5 percent in Region IV. About another fifth in each region reported one change: 21.7 percent in Region I, 23.7 percent in Region II, 20.8 percent in Region III, and 23 percent in Region IV.

Those who said they had changed positions twice in the past year ranged from 4.3 percent in Region IV to 6.1 percent in Region II, while less than 1 percent in each region reported three changes in position. Although these latter percentages are small, it must be remembered that this questionnaire only covered a period of one year. Stated another way: on the average, 13 practical nurses held their positions for four months or less and 112 held their positions for six months or less.

Included in the designation "other" in Table 6-13 are all those who answered ambiguously so that an accurate number of changes could not be determined: one respondent who could not find work locally; some who appeared to be private duty nurses reporting change of patient; and some who appeared to be reporting administrative changes within the same hospital.

Respondents in this latter group usually said, "Moved to another floor by supervisor," or some similar statement. In this category were 2.2 percent in Region I, 1.5 percent in Region II, 2.6 percent in Region III, and 5.9 percent in Region IV.

Five practical nurses said that they had left nursing. This response was coded as having left nursing only when the respondents clearly stated that this was the case. No answer to this question was 6.2 percent for Region I, 6.4 percent for Region II, 9.3 percent for Region III, and 8.4 percent for Region IV.

Table 6-13. Number of Practical Nurses Who Changed Positions During First Year After Graduation by Geographic Region of School

Change in Position	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
No change	405	63.3	365	61.4	381	62.4	185	57.5	1,336	61.7
One change	139	21.7	141	23.7	127	20.8	74	23.0	481	22.2
Two changes	35	5.5	36	6.1	27	4.4	14	4.3	112	5.2
Three changes	5	0.8	4	0.7	1	0.2	3	0.9	13	0.6
Other	14	2.2	9	1.5	16	2.6	19	5.9	58	2.7
Left nursing	2	0.3	1	0.2	2	0.3	0	0.0	5	0.2
No answer	40	6.2	38	6.4	57	9.3	27	8.4	162	7.5
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

For the entire sample, 61.7 percent reported no change of position, 22.2 percent had one change, 5.2 percent had two changes, and 0.6 percent had three changes. Two and seven-tenths percent gave other answers, 0.2 percent had left nursing, and 7.5 percent chose not to answer.

Table 6-14 demonstrates the relationship between respondents' time of marriage and reported number of changes of position. Application of the chi square test of significance indicates a statistically significant relationship, at less than .001, between these two variables. If respondents married during this year, they were more likely to make a change in position.

Table 6-14. Relationship Between Time of Marriage and Change of Position of Practical Nurses One Year After Graduation

Time of Marriage	No Change	One	Two	Three	All Others	Total
Married after graduation	48.5%	28.3%	9.0%	1.4%	12.8%	100.0%
Married before graduation	65.4%	20.7%	2.3%	0.3%	11.3%	100.0%

Many respondents included as married before graduation had been married even before starting the practical nursing program. Perhaps it can be assumed that these women had, therefore, already achieved some stability of living conditions and career decisions.

Table 6-15 indicates that, except in Region I, most respondents did not give any reason for change of position. No answers comprised 21.3 percent in Region I, 20.5 percent in Region II, 30 percent in Region III, and 32.8 percent in Region IV.

By those who gave reasons, location was mentioned most frequently. The code location includes all who stated "moved," "changed address," "went to city," "returned home," "too far from work," or "traveling difficult." If a respondent said, "I married and moved out of the state," this was considered to be two reasons, which were coded in the order in which they appeared on the questionnaire. Some aspect of location was the first mentioned reason for 21.3 percent in Region I, 19.2 percent in Region II, 17.8 percent in Region III, and 13.1 percent in Region IV.

Those respondents who fell into the category, experience and learning, are those who actually used these words in describing their reason for change. They ranged from 2.6 percent in Region III to 7.4 percent in Region II. The 5.1 percent in Region I, 6.6 percent in Region II, 3.5 percent in Region III, and 2.2 percent in Region IV in the category, husband, includes those who gave such phrases as "married," "husband wanted me at home," or "husband was transferred."

Table 6-15. First Reason for First Change of Position of Practical Nurses in First Year After Graduation by Geographic Region of School

First Reason for First Change of Position	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Location and moved	50	21.3	44	19.2	41	17.8	18	13.1	153	18.4
Experience and learning	11	4.7	17	7.4	6	2.6	6	4.4	40	4.8
Economic	18	7.7	14	6.1	24	10.4	11	8.0	67	8.1
Marriage/husband	12	5.1	15	6.6	8	3.5	3	2.2	38	4.6
Children/pregnancy	4	1.7	7	3.1	7	3.0	4	2.9	22	2.6
Personal and professional progress	4	1.7	5	2.2	6	2.6	4	2.9	19	2.3
Type of nursing	26	11.1	24	10.5	19	8.3	20	14.6	89	10.7
Working conditions	31	13.2	40	17.5	21	9.1	12	8.8	104	12.5
Personal and other	29	12.3	16	7.0	29	12.6	14	10.2	88	10.6
No reasons and no answer	50	21.3	47	20.5	69	30.0	45	32.8	211	25.4
Total	235	100.0	229	100.0	230	100.0	137	100.0	831*	100.0

*Includes all except those reporting no change of position.

Respondents who changed positions or stopped working because of current pregnancy and those who had to change positions to provide more or specific time with their children are included in the category, children. These are 1.7 percent in Region I, 3.1 percent in Region II, 3 percent in Region III, and 2.9 percent in Region IV.

The category, personal and professional progress, includes respondents who stated they had received a promotion or a better job. These ranged from 1.7 percent in Region I to 2.9 percent in Region IV.

Those who said their reason for changing position was for a better salary or better fringe benefits are included in the category, economic, and were 7.7 percent in Region I, 6.1 percent in Region II, 10.4 percent in Region III, and 8 percent in Region IV.

Some respondents changed position because they desired to work in another area of nursing. Those who named a specific preferred nursing area were 11.1 percent in Region I, 10.5 percent in Region II, 8.3 percent in Region III, and 14.6 percent in Region IV.

The category, working conditions, includes all institutional and job atmosphere situations within which respondents believed they could not work. Typical responses included "hospital staffing inadequate," "unable to get desired hours or shift," "too much tension on job," "work too hard," "not busy enough," "resentment between R.N. or other staff and L.P.N.," "too much responsibility," "level of care poor." Percentages in Regions I and II of 13.2 and 17.5 were somewhat higher than in Regions III and IV, which were 9.1 and 8.8, respectively.

A number of respondents simply said their reason for changing positions was "personal." They are included in the last category plus those who indicated some family or personal situation not included in any of the above, such as "illness," "just stopped working," or "became too attached to patients." Percentages here were 12.3 in Region I, 7 in Region II, 12.6 in Region III, and 10.2 in Region IV.

For the national sample, one-fourth of the respondents, 25.4 percent, gave no reason for their first change of position or no response to the entire question, 18.4 percent mentioned location, 12.5 percent some working condition, 10.7 percent type of nursing, and 10.6 percent gave personal reasons. Economic reasons were mentioned by 8 percent, experience by 4.8 percent, marriage by 4.6 percent, children by 2.6 percent, and personal and professional progress by 2.3 percent. The number giving a second reason for their first change of position was very small. Further detailed reporting of stated motivation for change of position is not meaningful (Table 6-16).

Table 6-16. First Reason for Second Change of Position of Practical Nurses in First Year After Graduation by Geographic Region of School*

First Reason for Second Change of Position	Region I	Region II	Region III	Region IV	All Regions
Location	4	6	6	3	19
Experience and learning	2	4	2	1	9
Economic	1	4	1	0	6
Marriage/husband	4	2	0	0	6
Children/pregnancy	1	3	1	1	6
Personal and professional progress	1	0	3	0	4
Type of nursing	10	6	4	4	24
Working conditions	8	5	3	1	17
Personal and other	4	4	5	4	17
No reason and no answer	200	195	205	123	723
Total	235	229	230	137	831*

***Includes all except those reporting no change of position.**

Membership in Organizations

The third questionnaire asked practical nurses to indicate membership in organizations related to the health field. The National Federation of Licensed Practical Nurses (NFLPN), National League for Nursing (NLN), and nursing school alumnae were listed options with a place for "other." The National Association for Practical Nurse Education and Service (NAPNES) was mentioned by a few. Because of the direct concern of NAPNES with the occupation of practical nursing, these responses are also reported in detail.

Approximately 40 percent replied they were members of one or more organizations. NFLPN is the recognized organization of licensed practical and vocational nurses; respondents naming this organization singly and in combination are included in Table 6-17. NFLPN membership reported ranged from 8.4 percent in Region I to 19.3 percent in Region IV. A small group belonged to both NFLPN and their alumnae. Respondents in Regions I, II, and III reported alumnae membership most frequently, while respondents in Region IV mentioned NFLPN membership most often. Some indicated other combinations of organization membership.

Membership in NLN was reported by a higher percentage than actual membership for the entire population of practical and vocational nurses. Participation in this study may have influenced some to join NLN. Included in "other health-related organizations" were the American Nursing Home Association and other nursing home organizations, the American National Red Cross, Hospital Nurses club, Catholic nurses' organizations, a city, county, or state organization not identified as a part of a national organization, and the Organization of Medical Assistants.

Table 6-17. Occupation-Related Organizational Membership of Practical Nurses One Year After Graduation by Geographic Region of School*

Organizational Membership	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
NFLNP only	30	4.7	54	9.1	52	8.5	35	10.9	171	7.9
Combinations which include NFLPN	24	3.8	34	5.7	35	5.7	27	8.4	120	5.5
Total NFLPN	54	8.4	88	14.8	87	14.2	62	19.3	291	13.4
Alumnae only	140	21.9	98	16.5	66	10.8	29	9.0	333	15.4
Combinations including alumnae	37	5.8	27	4.5	30	4.9	19	5.9	113	5.2
Total alumnae	177	27.7	125	21.0	96	15.7	48	14.9	446	20.6
NLN only	22	3.4	16	2.7	24	3.9	6	1.9	68	3.1
Combinations including NLN	20	3.1	22	3.7	17	2.8	7	2.2	66	3.0
Total NLN	42	6.6	38	6.4	41	6.7	13	4.0	134	6.2
NAPNES only	6	0.9	2	0.3	1	0.2	1	0.3	10	0.5
Combinations including NAPNES	7	1.1	2	0.3	0	0.0	0	0.0	9	0.4
Total NAPNES	13	2.0	4	0.7	1	0.2	1	0.3	19	0.9
Other health related organizations	23	3.6	56	9.4	39	6.4	36	11.2	154	7.1
No answer or none	384	60.0	347	58.4	401	65.6	201	62.4	1,333	61.5

*Nurses with multiple memberships are included more than once. Percents relate to number of respondents.

These health-related organizations were mentioned by a group ranging from 3.6 percent in Region I to 11.2 percent in Region IV. On a national level, the greatest number reported membership in their alumnae association; the second largest number in NFLPN.

Community Activities

For the entire group of practical nurses, only a small number, 9 percent, participated in community activities related to health. The practical nurses also reported community activities related to the health field in which they had been engaged during the past year (Table 6-18). This was an open-ended question. About 90 percent reported no community activities, or failed to answer.

The activities mentioned, however, fell into natural categories. Some had participated in drives to help raise money for various health-related groups. These ranged from 0.9 percent to 2.2 percent. Very few, 0.3

percent in Regions II and IV but over 1 percent in Region I and 4.6 percent in Region III, had assisted with immunization programs. Poliomyelitis prevention programs were mentioned frequently.

Table 6-18. Health-Related Community Activities of Practical Nurses
One Year After Graduation by Geographic Region of School

Activity	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Drives	14	2.2	6	1.0	6	1.0	3	0.9	29	1.3
Immunization	9	1.4	2	0.3	28	4.6	1	0.3	40	1.8
Direct health	21	3.3	28	4.7	29	4.7	18	5.6	96	4.4
School	3	0.5	5	0.8	0	0.0	1	0.3	9	0.4
Church	1	0.2	1	0.2	3	0.5	0	0.0	5	0.2
Other	2	0.3	2	0.3	2	0.3	0	0.0	6	0.3
Combinations	1	0.2	5	0.8	4	0.7	0	0.0	10	0.5
Total community activity	51	8.0	49	8.2	72	11.8	23	7.1	195	9.0
No answer or no activity	589	92.0	545	91.8	539	88.2	299	92.9	1,972	91.0
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

Any respondents who had worked with a Red Cross bloodmobile, taken part in first aid groups, helped to set up clinics for civil defense, or helped prepare dressings for the Cancer Society were included in the "direct health" category. These ranged from 3.3 percent in Region I to 5.6 percent in Region IV.

A few respondents (less than 1 percent in Regions I, II, and IV) had helped in Parent Teacher Association projects or had done some school-related health work. Another small number had participated in some church health or nursing group, while the few enumerated under "other" had mentioned some other social or political group. The less than 1 percent included in "combinations" means any combination of the types of activity previously mentioned.

Further Education

Participants responded to a group of questions relating to further education: Have you attended any formal educational program since graduation? If so, what school? Are you working for a degree? If yes, what is your major? Some respondents answered only some parts of the question, leaving other parts blank, so there are slight inconsistencies in the totals in the tables. Responses that were not totally clear or incomplete were coded as ambiguous. The question asked for formal educational programs and the participants' responses indicated they interpreted this to include postgraduate education, inservice hospital courses, and nonspecific refresher courses. There are only two schools in the United States that offer widely publicized and well-known postgraduate courses for practical nurses. Only 6 of the 122 who reported postgraduate educational program attendance named one of these two courses. They are included in the 7 percent in Region I, 4.7 percent in Region II, 5.1 percent in Region III, and 5.6 percent in Region IV who said they had attended postgraduate courses (Table 6-19).

Some practical nurses had gone into professional nursing: 13 were in a diploma program, 25 were in an associate degree program (most of these were Region I), and 2 were in basic baccalaureate programs. Referring to Tables 6-11 and 6-12, in which a smaller group than enumerated in Table 6-19 had identified themselves as "nursing students," it was found that almost all those currently enrolled in associate degree programs and the two respondents in a baccalaureate program had reported they were also employed in nursing. The response to current employment, "nursing student," was given by those in diploma programs.

Table 6-19. Attendance in Formal Educational Programs of Practical Nurses
One Year After Graduation by Geographic Region of School

Program	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Postgraduate inservice	45	7.0	28	4.7	31	5.1	18	5.6	122	5.6
Diploma	8	1.2	0	0.0	4	0.7	1	0.3	13	0.6
Associate degree	20	3.1	0	0.0	3	0.5	2	0.6	25	1.2
Baccalaureate degree	1	0.2	0	0.0	0	0.0	1	0.3	2	0.1
Finishing high school	7	1.1	0	0.0	0	0.0	1	0.3	8	0.4
Other	4	0.6	4	0.7	1	0.2	3	0.9	12	0.5
Not nursing	15	2.3	15	2.5	11	1.8	15	4.7	56	2.6
Ambiguous or no answer	540	84.4	547	92.1	561	91.8	281	87.3	1,929	89.0
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

Eight practical nurses, again mainly in Region I, were finishing high school, while 12, less than 1 percent in each region, named some other type of education. Included in "other" were those in military programs; Peace Corps; church and missionary programs; ancillary programs such as oxygen therapy, or medical assistant.

A group of respondents, ranging from 1.8 percent in Region III to 4.7 percent in Region IV, said they were continuing their education but went on to name a nonnursing school or college, or indicated they were pursuing a major in a nonnursing area. For the most part, however, practical nurses had not continued their formal education, since 84.4 percent in Region I, 92.1 percent in Region II, 91.8 percent in Region III, and 87.3 percent in Region IV did not answer the question, were not going to school, or gave ambiguous answers.

Nationally, 89 percent of practical nurse respondents were not continuing their education in the first year after graduation. Among those who were, postgraduate courses were the most frequent responses, being 5.6 percent of the total sample. Somewhat over 2 percent were taking scholastic work unrelated to their nursing background, while approximately 1 percent or less were in each of the three types of professional nursing courses.

Table 6-20. Practical Nurses Attending Formal Educational Programs and
Working for a Degree by Geographic Region of School

Response	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	29	4.5	8	1.3	14	2.3	11	3.4	62	2.9
Ambiguous	7	1.1	1	0.2	1	0.2	3	0.9	12	0.5
No and no answer	604	94.4	585	98.5	596	97.5	308	95.7	2,093	96.6
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

The respondents who indicated they were studying for a degree are reported in Table 6-20. A "yes" response from a practical nurse could mean an associate or baccalaureate degree in any major area. These ranged from 4.5 percent in Region I to 1.3 percent in Region II. Included in the ambiguous responses, which were 1 percent or less in each region, are those who said both yes and no, or those who said they were getting a "degree" from a diploma program. However, from 94.4 percent in Region I to 98.5 percent in Region II were either not studying for a degree, or did not answer the question.

Of the small group of respondents working for a degree, 35 said their major was nursing (Table 6-21), and they were mostly in Region I. Three in associate degree programs gave medical or dental technology as their major area of study. The 22 other respondents working for a degree (ranging from 0.5 percent in Region II to 1.8 percent in Region IV) named various other areas such as education, social and biological sciences, liberal arts, and theology. Generally, respondents were neither taking a degree nor pursuing a specific major at this time. Giving no answer were 94.8 percent in Region I, 99.2 percent in Region II, 98.2 percent in Region III, and 96.6 percent in Region IV.

Table 6-21. Major Areas of Study of Practical Nurses Working for a Degree by Geographic Region of School

Area of Study	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Nursing	24	3.7	0	0.0	6	1.0	5	1.6	35	1.6
Medically oriented	1	0.2	2	0.3	0	0.0	0	0.0	3	0.1
All others	8	1.3	3	0.5	5	0.8	6	1.8	22	1.0
No answer or no degree	607	94.8	589	99.2	600	98.2	311	96.6	2,107	97.2
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

Courses

Commitment to current employment is often inferred from the person's apparent self-motivation in seeking more and better preparation in the particular area.

Practical nurses were asked if they had taken any courses not leading to a degree and, if so, to name the area of study. As can be seen in Table 6-22, less than 10 percent of the entire sample, 13.4 percent in Region I, 7.7 percent in Region II, 7.8 percent in Region III, and 9.6 percent in Region IV, stated they had taken such

Table 6-22. Practical Nurses Who Have Taken Courses Within One Year After Graduation by Geographic Region of School

Response	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	86	13.4	46	7.7	48	7.8	31	9.6	211	9.7
No	326	50.9	306	51.5	320	52.4	179	55.6	1,131	52.2
No answer	228	35.6	242	40.7	243	39.8	112	34.8	825	38.1
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

courses. For practical nurses, attendance at courses for job-related knowledge can be sharply limited or encouraged by the availability of such courses. Very few highly recommended courses for practical nurses are readily available even in large cities. Therefore, in reading Table 6-22, it should be remembered that since amount and availability of further education is unknown, the percentages cannot be interpreted in any broad context. Also, an indefinite number of those reporting attendance at postgraduate school probably should have reported the attendance in this section.

More than half of all respondents in all regions said they had not taken any courses, while from 34.8 percent in Region IV to 40.7 percent in Region II did not answer the question at all.

Table 6-23 identifies the actual courses named. In the general area of nursing, medication courses were most frequently mentioned by practical nurses. Learning to give medications was apparently omitted from many basic programs and when it is to be part of the practical nurse's daily functioning, she must have a supplementary course to prepare her for this.

Table 6-23. Areas of Study for Practical Nurses Within One Year After Graduation by Geographic Region of School

Course	Region I	Region II	Region III	Region IV	All Regions
General nursing	3	0	4	1	8
Medications	34	15	18	7	74
Psychiatry	6	0	2	0	8
Surgery	4	10	5	3	22
Other nursing	7	3	8	1	19
Related to nursing	4	2	4	6	16
All other nonnursing	24	16	7	11	58
Finishing high school	3	0	0	2	5
Ambiguous	1	0	0	0	1
Total	86	46	48	31	211

Those who named courses in surgery include any who have specified preparation for the position of surgical technician - scrub nurse. Some few others had courses in general nursing care or psychiatry. The 19 respondents who had taken other nursing courses include those who named maternity, pediatrics, supervision, medical specialties, and more than one nursing course.

In courses related to nursing were the 16 respondents who said first aid; Red Cross nursing courses; medical assistant; laboratory and x-ray technician; missionary medicine; nursing home workshops, and nursing home management.

Among the 58 nonnursing courses cited by respondents, most fell into the area of social sciences or liberal arts. Also named were the biological sciences or business subjects, theology, or hobby courses.

Five practical nurses were finishing their high school subjects, and one gave any ambiguous response.

Among the practical nurses who had taken specific courses, some had received certificates upon completion. Table 6-24 indicates that 17 said they now had certificates in medications. Five had certificates in operating room technique. The 13 other certificates listed were in psychiatric, medical, surgical, or pediatric nursing, first aid, or nursing home operation. Presumably this group is qualified for job functions in specialized areas for which practical nurses without these special courses cannot qualify. Those receiving certificates were a very small percentage of the total. Over 98 percent did not respond or indicated no certificate.

Table 6-24. Certificates Received by Practical Nurses One Year After Graduation by Geographic Region of School

Area of Study	Region I	Region II	Region III	Region IV	All Regions
Medications	6	3	6	2	17
Operating room technique	1	4	0	0	5
All other nursing	7	0	3	3	13
Ambiguous	2	0	4	1	7
None	624	587	598	316	2,125
Total	640	594	611	322	2,167

Respondents were asked to report how they had financed their further education (Table 6-25). Responses to this question were greater in number than those reporting enrollment in educational programs. Possibly these responses reflect future plans or even the method of financing the basic practical nursing program. Savings range from 1.9 percent in Region II to 3.4 percent in Region IV; earnings range from 3.6 percent in Region III to 7.1 percent in Region IV; and combination of savings and earnings accounted for most of the responses.

Table 6-25. Reported Methods of Financing Further Preparation of Practical Nurses One Year After Graduation by Geographic Region of School

Method of Financing	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Savings	16	2.5	11	1.9	16	2.6	11	3.4	54	2.5
Earnings	43	6.7	22	3.7	22	3.6	23	7.1	110	5.1
Savings and earnings	23	3.6	8	1.3	10	1.6	7	2.2	48	2.2
Scholarship alone or combined	5	0.8	0	0.0	7	1.1	2	0.6	14	0.6
Free or paid by organization	30	4.7	11	1.9	20	3.3	3	0.9	64	3.0
Other methods	1	0.2	4	0.7	1	0.2	1	0.3	7	0.3
No answer	522	81.6	538	90.6	535	87.6	275	85.4	1,870	86.3
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

A few, approximately 1 percent located in three regions, had a scholarship or said the scholarship was combined with some other method of financing.

The seven respondents who named other methods than the choices listed on the questionnaire usually indicated they had loans, while 64 (from 0.9 percent in Region IV to 4.7 percent in Region I) said the education to which they were referring was free or paid by some agency. A large number of participants did not answer this question: 81.6 percent in Region I, 90.6 percent in Region II, 87.6 percent in Region III, and 85.4 percent in Region IV.

Job Satisfaction

A 4-part question near the end of the third questionnaire was designed to get gross indications of satisfaction or dissatisfaction with the occupation of nursing. The question, "Has your work in nursing met your expectations in terms of personal satisfaction, salary, working conditions, employment available whenever desired?" provided only for four "yes" or "no" choices. Tabulations of responses appear in the following four tables (6-26 to 6-29). In each category, there were some who responded "don't know," or said both "yes" and "no," or who wrote in a statement without saying yes or no. The latter two responses were considered ambiguous. In the four tables relating to fulfillment of expectations, the proportions of "no answer" were generally higher in Region IV.

Overwhelmingly, practical nurses said that nursing did meet their expectations in terms of personal satisfaction: 91.4 percent in Region I, 91.1 percent in Region II, 92.8 percent in Region III, and 85.4 percent in Region IV. Those who said "no" were 4.8 percent in Region I, 3.7 percent in Region II, 3.4 percent in Region III, and 4 percent in Region IV. Less than 1 percent in three regions said they did not know, while 3 gave ambiguous responses. No answer accounted for 3.4 percent in Region I, 4.5 percent in Region II, 3.8 percent in Region III, and 9.9 percent in Region IV (Table 6-26).

Table 6-26. Personal Satisfaction as Reported by Practical Nurses
by Geographic Region of School

Response	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	585	91.4	541	91.1	567	92.8	275	85.4	1,968	90.8
No	31	4.8	22	3.7	21	3.4	13	4.0	87	4.0
Don't know	1	0.2	2	0.3	0	0.0	2	0.6	5	0.2
Other and ambiguous	1	0.2	2	0.3	0	0.0	0	0.0	3	0.1
No answer	22	3.4	27	4.5	23	3.8	32	9.9	104	4.8
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

A very different picture emerged when practical nurses responded to nursing meeting their expectations in terms of salary. Except for Region III, respondents were almost equally divided between "yes" and "no." The highest "yes" response was in Region IV, 47.8 percent, while the highest "no" response was in Region III, 53.8 percent.

Table 6-27. Satisfaction With Salary as Reported by Practical Nurses
by Geographic Region of School

Response	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	278	43.4	282	47.5	225	36.8	154	47.8	939	43.3
No	325	50.8	259	43.6	329	53.8	131	40.7	1,044	48.2
Don't know	4	0.6	6	1.0	2	0.3	3	0.9	15	0.7
Other and ambiguous	2	0.3	5	0.8	2	0.3	2	0.6	11	0.5
No answer	31	4.8	42	7.1	53	8.7	32	9.9	158	7.3
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

When practical nurses replied to nursing having met their expectations in terms of working conditions, again there was near agreement among the four regions in yes responses, ranging from 70.5 percent in Region IV to 73.6 percent in Region II (Table 6-28).

Table 6-28. Satisfaction With Working Conditions as Reported by Practical Nurses by Geographic Region of School

Response	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	456	71.2	437	73.6	438	71.7	227	70.5	1,558	71.9
No	139	21.7	114	19.2	117	19.1	52	16.1	422	19.5
Don't know	1	0.2	4	0.7	1	0.2	3	0.9	9	0.4
Other and ambiguous	12	1.9	2	0.3	5	0.8	3	0.9	22	1.0
No answer	32	5.0	37	6.2	50	8.2	37	11.5	156	7.2
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

For the most part, practical nurses said yes, employment was available: 86.6 percent in Region I, 85.0 percent in Region II, 80.5 percent in Region III, and 77.3 percent in Region IV. Although with the current shortage of nursing personnel, it might be expected that these proportions might be even higher, it is noticeable that the proportions of nonresponses were higher for this part of the question, rather than an increase in "no" responses. It might be speculated that some of those not answering, ranging from 8 percent in Region I to 14.6 percent in Region IV, might not have had the opportunity to determine if employment was indeed "available whenever desired " (Table 6-29).

Table 6-29. Employment Available Whenever Desired as Reported by Practical Nurses by Geographic Region of School

Response	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	554	86.6	505	85.0	492	80.5	249	77.3	1,800	83.1
No	29	4.5	24	4.0	28	4.6	22	6.8	103	4.8
Don't know	5	0.8	2	0.3	2	0.3	4	1.2	13	0.6
Other and ambiguous	1	0.2	3	0.5	1	0.2	0	0.0	5	0.2
No answer	51	8.0	60	10.1	88	14.4	47	14.6	246	11.4
Total	640	100.0	594	100.0	611	100.0	322	100.0	2,167	100.0

Those who said a straight "no," meaning for them employment was not available when desired, included about 4 percent in Regions I, II, and III and 6.8 percent in Region IV.

This very gross determination of satisfaction of practical nurses during their first year of employment indicates that, for the most part, the actual nursing work was consistent with their expectations.

By checking the appropriate interval, respondents reported gross monthly income from their nursing work. These data are presented in two tables - one for full-time work; the other for part-time work.

Salaries reported by practical nurses for full-time work are strikingly similar in Regions I and II. Region III varies with higher proportions reporting lower salaries, and Region IV is different with higher proportions reporting higher salaries (Table 6-30).

Table 6-30. Reported Monthly Salaries of Practical Nurses for Full-time Work
One Year After Graduation by Geographic Region of School

Salary (1964-65)	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
$ 0-100	0	0.0	0	0.0	14	2.9	0	0.0	14	0.9
101-200	41	8.5	37	8.1	245	51.6	15	6.9	338	20.8
201-250	146	30.4	165	36.1	145	30.5	47	21.8	503	30.9
251-300	183	38.1	153	33.5	43	9.1	76	35.2	455	27.9
301-350	73	15.2	74	16.2	9	1.9	46	21.3	202	12.4
351-400	20	4.2	13	2.8	7	1.5	17	7.9	57	3.5
Over 400	5	1.0	4	0.9	5	1.1	1	0.5	15	0.9
No answer	12	2.5	10	2.2	4	0.8	11	5.1	37	2.3
Ambiguous	0	0.0	1	0.2	3	0.6	3	1.4	7	0.4
Total	480	100.0	457	100.0	475	100.0	216	100.0	1,628	100.0

Almost 3 percent of the respondents in Region III said their monthly earnings were $100 or less for full-time work. There were no responses in this category in the other regions. From 6.9 percent to 8.5 percent in Regions I, II, and IV had monthly earnings from $101 to $200, but more than half, 51.6 percent, in Region III specified this amount.

Thirty percent or more practical nurses in Regions I, II, and III, and 21.8 percent in Region IV were earning between $201 and $250. More than another 30 percent in Regions I, II, and IV were earning $251 to $300, while only 9.1 percent in Region III reported this amount.

Salaries of $301 to $350 were indicated by 15.2 percent in Region I, 16.2 percent in Region II, 1.9 percent in Region III, and 21.3 percent in Region IV. Almost 8 percent in Region IV had salaries ranging from $351 to $400, while 1 to 4 percent in other regions reported this amount.

Over $400 as a monthly wage was reported by 1 percent or less in each region. Occasionally, respondents checking this amount said they had two jobs. Those who did not respond to this question or gave ambiguous responses ranged approximately from 1 to 5 percent.

Referring to Table 6-27, it can be assumed that respondents in Region III who reported that they were not satisfied with their salary were probably earning less than their counterparts in other areas of the country.

Nationally, this group of practical nurses were most frequently earning between $201 and $250 (30.9 percent); another 27.9 percent earned from $251 to $300. About a fifth had earnings of $200 or less, while an additional 17 percent were paid $301 or more.

Those employed in part-time work most frequently reported salaries from $101 to $200 - 38.6 percent in Region I, nearly 48 percent in Regions II and III, and 54.8 percent in Region IV (Table 6-31).

Table 6-31. Reported Monthly Salaries of Practical Nurses for Part-time Work One Year After Graduation by Geographic Region of School

Salary (1964-65)	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
$ 0-100	10	17.5	8	17.4	16	36.4	8	25.8	42	23.6
101-200	22	38.6	22	47.8	21	47.7	17	54.8	82	46.1
201-250	16	28.1	6	13.0	2	4.5	1	3.2	25	14.0
251-300	7	12.3	6	13.0	1	2.3	2	6.5	16	9.0
301-350	0	0.0	1	2.2	0	0.0	1	3.2	2	1.1
351-400	1	1.8	0	0.0	0	0.0	1	3.2	2	1.1
No answer	1	1.8	2	4.3	2	4.5	0	0.0	5	2.8
Ambiguous	0	0.0	1	2.2	2	4.5	1	3.2	4	2.2
Total	57	100.0	46	100.0	44	100.0	31	100.0	178	100.0

The same pattern of similarities between Regions I and II, lower reported salaries in Region III, and slightly higher reported salaries in Region IV emerge also in this table irrespective of the fact that part-time work includes all who indicated from 8 to 22 hours of nursing work per week.

CHAPTER VII

PRACTICAL NURSING STUDENTS WHO DID NOT GRADUATE

Of the 3,014 original participants, 678, or 22.5 percent, withdrew before completing the program. Significant and relevant interrelationships between withdrawals and graduations are presented in Chapter VIII. The tables which follow are descriptive of only those who withdrew.

For each student who did not graduate, the director of the school was asked to indicate one generalized reason from a checklist of ten possibilities. For the most part, students withdrew because of scholastic failure: 42.5 percent in Region I, 33.6 percent in Region II, 33.3 percent in Region III, and 25.5 percent in Region IV (Table 7-1). When considering the differences in regional percentages, it should be recalled that most of the high school programs participating were in Region I.

Table 7-1. Reasons for Withdrawal from Practical Nursing Program as Given by Director of School by Geographic Region of School*

Reason for Withdrawal	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Scholastic failure	108	42.5	49	33.6	56	33.3	28	25.5	241	35.5
Lost interest in nursing	37	14.6	19	13.0	9	5.4	13	11.8	78	11.5
Unsuited for nursing	26	10.2	15	10.3	25	14.9	17	15.5	83	12.2
Marriage	10	3.9	15	10.3	6	3.6	3	2.7	34	5.0
Pregnancy	11	4.3	7	4.8	8	4.8	5	4.5	31	4.6
Family or personal problems	31	12.2	16	11.0	28	16.7	25	22.7	100	14.7
Financial problems	0	0.0	3	2.1	6	3.6	2	1.8	11	1.6
Enter other nursing program	1	0.4	0	0.0	1	0.6	0	0.0	2	0.3
Poor health	24	9.4	18	12.3	22	13.1	13	11.8	77	11.4
Other reasons	6	2.4	4	2.7	7	4.2	4	3.6	21	3.1
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

*NLN Region I (North Atlantic) Conn., Del., D.C., Me., Mass., N.H., N.J., N.Y., Pa., R.I., Vt.
Region II (Midwestern) Ill., Ind., Iowa, Kan., Mich., Minn., Mo., Neb., N.D., Ohio, S.D., Wis.
Region III (Southern) Ala., Ark., Fla., Ga., Ky., La., Md., Miss., N.C., Okla., Puerto Rico, S.C., Tenn., Tex., Va., W.Va.
Region IV (Western) Alaska, Ariz., Calif., Colo., Hawaii, Idaho, Mont., Nev., N.M., Ore., Utah, Wash., Wyo.

The category "no longer interested in nursing" accounted for 14.6 percent of the withdrawals in Region I, 13 percent in Region II, 5.4 percent in Region III, and 11.8 percent in Region IV. Those students considered by school instructors to be unsuited for nursing ranged from 10.2 percent in Region I to 15.5 percent in Region IV. Percents leaving school to be married varied among the regions, with 3.9 percent in Region I, 10.3 percent in Region II, 3.6 percent in Region III, and 2.7 percent in Region IV. However, percents leaving school because of pregnancy showed little regional variation, being slightly over 4 percent in each area. (If the director indicated "marriage and pregnancy" as the reason for withdrawal, it was coded as pregnancy.)

Family and personal problems causing withdrawal amount to 12.2 percent in Region I, 11 percent in Region II, 16.7 percent in Region III, and 22.7 percent in Region IV. Financial reasons ranged from none in Region I to 3.6 percent in Region III. Only two students were reported to have left practical nursing for another type of program. From correspondence with these students, it was learned that they entered hospital diploma programs leading to eligibility for R.N. licensure. Withdrawal because of poor health was 9.4 percent in Region I, 12.3 percent in Region II, 13.1 percent in Region III, and 11.8 percent in Region IV.

The category "other reasons" was used when the director did not know why the student had left and when the reason did not conform to the above list, such as "moved out of town" or "disciplinary infraction." These reasons ranged from 2.4 percent in Region I to 4.2 percent in Region III.

For the entire sample, 35.5 percent withdrew because of scholastic failure, 14.7 percent had family or personal problems, 12.2 percent were considered unsuited to nursing, 11.5 percent had lost interest in nursing, 11.4 percent faced health problems, 5 percent were married, 4.6 percent became pregnant, 1.6 percent were financially unable to continue, and 3 percent gave other reasons.

Since most of the original participants who entered schools were female, so were most of those who withdrew (Table 7-2).

Table 7-2. Sex of Students who Withdrew from Practical Nursing Programs
Before Graduation by Geographic Region of School

Sex	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Female	247	97.2	144	98.6	164	97.6	108	98.2	663	97.8
Male	7	2.8	2	1.4	4	2.4	2	1.8	15	2.2
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Table 7-3. Marital Status of Students who Withdrew
Before Graduation by Geographic Region of School

Marital Status	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Single	199	78.3	92	63.0	69	41.1	41	37.3	401	59.1
Married	40	15.7	33	22.6	70	41.7	46	41.8	189	27.9
Formerly married	14	5.5	18	12.3	25	14.9	23	20.9	80	11.8
Religious	0	0.0	0	0.0	1	0.6	0	0.0	1	0.1
Undetermined	1	0.4	3	2.1	3	1.8	0	0.0	7	1.0
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Of the students who withdrew before graduation, 78.3 percent in Region I, 63 percent in Region II, 41.1 percent in Region III, and 37.3 percent in Region IV were single. Another 15.7 percent in Region I, 22.6 percent in

Region II, 41.7 percent in Region III, and 41.8 percent in Region IV were married. The formerly married, widowed, divorced, and separated accounted for 5.5 percent in Region I, 12.3 percent in Region II, 14.9 percent in Region III, and 20.9 percent in Region IV. One religious and seven students whose marital status was unknown also withdrew before graduation. For the entire sample of withdrawals, 59.1 percent were single, 27.9 percent married, and 11.8 percent formerly married (Table 7-3).

Of the married and formerly married students who withdrew before graduating, about a fifth had one child (ranging from 18.5 percent in Region II to 23.5 percent in Region III) and another fourth had two children (ranging from 21.8 percent in Region I to 27.8 percent in Region II) (Table 7-4). Three children were reported by a little over 11 percent in Regions II and III and 16.4 percent and 17.4 percent in Regions I and IV respectively. A smaller proportion, ranging from 5.5 percent in Region I to 8.2 percent in Region III, had four children and percentages for five or more children ranged from 5.8 percent in Region IV to 10.9 percent in Region I. Some married and formerly married respondents had no children - 12.7 percent in Region I, 20.4 percent in Region II, 11.2 percent in Region III, and 8.7 percent in Region IV. Those giving no response to this question ranged from 5.6 percent in Region II to 13 percent in Region IV. For all those answering, most, 25.7 percent, had two children, 21.7 percent one child, 13.8 percent three children, 7.2 percent four children, 8 percent five or more children, and 12.7 percent had no children.

Table 7-4. Number of Children of Married and Formerly Married Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Number of Children	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
None	7	12.7	11	20.4	11	11.2	6	8.7	35	12.7
One	12	21.8	10	18.5	23	23.5	15	21.7	60	21.7
Two	12	21.8	15	27.8	26	26.5	18	26.1	71	25.7
Three	9	16.4	6	11.1	11	11.2	12	17.4	38	13.8
Four	3	5.5	4	7.4	8	8.2	5	7.2	20	7.2
Five or more	6	10.9	5	9.2	7	7.1	4	5.8	22	8.0
No answer	6	10.9	3	5.6	12	12.2	9	13.0	30	10.9
Total	55	100.0	54	100.0	98	100.0	69	100.0	276	100.0

Of the students who withdrew from practical nursing programs before graduation, the highest proportion of young students, fourteen to nineteen years old, were in Region I, 66.9 percent (Table 7-5). (This region had the majority of participating high school programs.) Other percents for younger participants were: 52.1 percent in Region II, 27.4 percent in Region III, and 30 percent in Region IV. In the 20- to 24-year-old group, Region I had 6.3 percent, Region II 16.4 percent, Region III 23.8 percent, and Region IV 15.5 percent withdrawals. For ages twenty-five to twenty-nine, percents were 4.7 in Region I, 3.4 in Region II, 9.5 in Region III, and 10 in Region IV. Thirty- to thirty-four year-olds comprised 2.4 percent in Region I, 1.4 percent in Region II, 8.3 percent in Region III, and 4.5 percent in Region IV. Those withdrawing in the 35- to 39-year-old group were 5.9 percent in Region I, 4.8 percent in Region II, 8.9 percent in Region III, and 8.2 percent in Region IV. Forty years old and over amounted to 9.8 percent in Region I, 20.5 percent in Region II, 20.2 percent in Region III, and 27.3 percent in Region IV. Those not giving their age ranged from 1.8 percent in Region III to 4.5 percent in Region IV. For all withdrawals, 47.9 percent were fourteen to nineteen years old, 14.3 percent twenty to twenty-four, 6.5 percent twenty-five to twenty-nine, 4 percent thirty to thirty-four, 6.8 percent thirty-five to thirty-nine, 17.6 percent forty or over, and 2.9 percent did not respond.

Table 7-5. Age of Students who Withdrew Before Graduation by Geographic Region of School

Age in Years	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
14-19	170	66.9	76	52.1	46	27.4	33	30.0	325	47.9
20-24	16	6.3	24	16.4	40	23.8	17	15.5	97	14.3
25-29	12	4.7	5	3.4	16	9.5	11	10.0	44	6.5
30-34	6	2.4	2	1.4	14	8.3	5	4.5	27	4.0
35-39	15	5.9	7	4.8	15	8.9	9	8.2	46	6.8
40 and over	25	9.8	30	20.5	34	20.2	30	27.3	119	17.6
No answer	10	3.9	2	1.4	3	1.8	5	4.5	20	2.9
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Except for Region I, more than 90 percent of all students who withdrew before graduation were born in the United States (Table 7-6). In Region I, 85.4 percent were native born, 6.7 percent were born in Puerto Rico, and 5.5 percent in other countries (predominantly European).

Table 7-6. Place of Birth of Students who Withdrew Before Graduation by Geographic Region of School

Birthplace	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Continental U.S.A.	217	85.4	143	97.9	161	95.8	103	93.6	624	92.0
Puerto Rico	17	6.7	0	0.0	1	0.6	0	0.0	18	2.7
Other territories and possessions	1	0.4	0	0.0	1	0.6	1	0.9	3	0.4
Canada	3	1.2	1	0.7	0	0.0	1	0.9	5	0.7
Other countries	14	5.5	1	0.7	3	1.8	4	3.6	22	3.2
Unknown	2	0.8	1	0.7	2	1.2	1	0.9	6	0.9
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

In Region I, most of the students who withdrew went to high school in large cities with a population of over a million, 31.9 percent (Table 7-7). The next most frequent response in Region I was for rural and small communities, 18.1 percent. This latter category, communities of under 2,500 population, was the most frequent response;

in all other regions - 26 percent in Region II, 35.7 percent in Region III, and 35.4 percent in Region IV.

For the entire sample of withdrawals, 27 percent attended high school in rural and small communities, 14.9 percent attended high school in cities of over a million population, and the remainder were spread throughout communities of intervening sizes.

Table 7-7. Size of Community of High School Attendance of Students who Withdrew Before Graduation by Geographic Region of School

Size of Community	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Under 2,500	46	18.1	38	26.0	60	35.7	39	35.4	183	27.0
2,500-4,999	16	6.3	10	6.8	13	7.7	8	7.3	47	6.9
5,000-9,999	20	7.9	17	11.6	21	12.5	8	7.3	66	9.7
10,000-19,999	15	5.9	14	9.6	8	4.8	11	10.0	48	7.1
20,000-49,999	27	10.6	9	6.2	15	8.9	14	12.7	65	9.6
50,000-99,999	14	5.5	11	7.5	10	6.0	3	2.7	38	5.6
100,000-249,999	3	1.2	12	8.2	10	6.0	8	7.3	33	4.9
250,000-1,000,000	10	3.9	7	4.8	10	6.0	6	5.5	33	4.9
Over 1,000,000	81	31.9	12	8.2	3	1.8	5	4.5	101	14.9
Unknown	22	8.7	16	11.0	18	10.7	8	7.3	64	9.4
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Table 7-8. Comparative Location of High School and Practical Nursing Program of Students who Withdrew Before Graduation by Geographic Region of School

Location	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Same state	217	85.4	103	70.5	132	78.6	69	62.7	521	76.8
Different state	22	8.7	35	24.0	26	15.5	36	32.7	119	17.5
Different country	7	2.8	1	0.7	2	1.2	3	2.7	13	1.9
Undetermined	8	3.1	7	4.8	8	4.8	2	1.8	25	3.7
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Although there are some regional differences, generally students who withdrew before graduation had attended (or were attending) a high school located in the same state as the practical nursing school. These percents ranged from 62.7 percent in Region IV to 85.4 percent in Region I (Table 7-8). Those who had attended high school in a different state than the practical nursing school ranged from 8.7 percent in Region I to 32.7 percent in Region IV. A small percentage had attended high school in a foreign country and between 1.8 percent in Region IV and 4.8 percent in Regions II and III were undetermined. Of the entire sample of withdrawals, over three-fourths attended high school and practical nursing school in the same state.

In evaluating responses reported in Tables 7-7 and 7-8, it was assumed that when the respondent gave an answer she had indeed attended high school at some time.

In Table 7-9, the number and percents of those who said they had graduated from high school are given and the two subsequent tables (7-10 and 7-11) are based on high school graduates only.

Table 7-9. Graduations and Nongraduations from High School of Students who Withdrew Before Graduation by Geographic Region of School

Graduations from High School	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Graduated	154	60.6	118	80.8	125	74.4	74	67.3	471	69.5
Did not graduate	100	39.4	27	18.5	42	25.0	36	32.7	205	30.2
No response	0	0.0	1	0.7	1	0.6	0	0.0	2	0.3
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Table 7-9 demonstrates some differences in graduation and nongraduation from high school among the withdrawals. In Region I, 60.6 percent had graduated, in Region II 80.8 percent, Region III 74.4 percent, and Region IV 67.3 percent. Because of the high school programs represented in Region I, it would be expected that there are fewer graduates in this region. There is no obvious sampling reason to account for the distribution in Region IV. For the entire sample of withdrawals, 69.5 percent were high school graduates, 30.2 percent were not, and less than one-half percent did not answer.

Table 7-10. Academic Standing of High School Graduates of Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Academic Standing	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Top fourth	6	3.9	16	13.5	17	13.6	10	13.5	49	10.4
Second fourth	43	27.9	42	35.6	49	39.2	24	32.4	158	33.5
Third fourth	66	42.9	39	33.1	34	27.2	20	27.0	159	33.8
Bottom fourth	18	11.7	12	10.2	2	1.6	6	8.1	38	8.1
Unknown	21	13.6	9	7.6	23	18.4	14	18.9	67	14.2
Total	154	100.0	118	100.0	125	100.0	74	100.0	471	100.0

Reported academic standing of those who completed high school is given in Table 7-10. Usually students placed themselves in the second or third fourth of their class. From 27.9 percent in Region I to 39.2 percent in Region III in the second fourth and 27 percent in Region IV to 42.9 percent in Region I were in the third fourth. A little over 13 percent in every region (except Region I, 3.9 percent) said they had been in the top fourth of their class.

Those in the bottom fourth were 11.7 percent in Region I, 10.2 percent in Region II, 1.6 percent in Region III, and 8.1 percent in Region IV. A considerable proportion (14 percent) did not answer this question (from 7.6 percent in Region II to 18.9 percent in Region IV). For the entire sample, about one-third said they had been in either the second or third quarter of their high school graduating class. A little over 10 percent were in the top fourth and 8 percent in the bottom fourth.

Table 7-11. Size of Graduating Class for High School Graduates of Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Size of Graduating Class	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
1 thru 49	15	9.7	31	26.3	46	36.8	28	37.8	120	25.5
50 thru 99	34	22.1	19	16.1	25	20.0	11	14.9	89	18.9
100 thru 199	33	21.4	27	22.9	20	16.0	10	13.5	90	19.1
200 thru 299	23	14.9	14	11.9	11	8.8	6	8.1	54	11.5
300 thru 500	24	15.6	21	17.8	15	12.0	13	17.6	73	15.5
500 and over	16	10.4	6	5.1	2	1.6	5	6.8	29	6.1
No answer	9	5.8	0	0.0	6	4.8	1	1.3	16	3.4
Total	154	100.0	118	100.0	125	100.0	74	100.0	471	100.0

The students who withdrew and who had graduated from high school reported coming from high schools of various sizes (Table 7-11). The smaller schools with one to 49 graduates only accounted for 9.7 in Region I, but 26.3 in Region II, 36.8 percent in Region II and 37.8 percent in Region IV. The range for the slightly larger schools, size of graduating class 50 through 99, was from 14.9 percent in Region IV to 22.1 percent in Region I. A class of 100 to 199 was reported by 21.4 percent in Region I, 22.9 percent in Region II, 16 percent in Region III, and 13.5 percent in Region IV. From 8.1 percent in Region IV to 14.9 percent in Region I reported coming from a school with 200 to 299 in the graduating class; from 12 percent in Region III to 17.8 percent in Region II come from schools with 300 to 500 students in the graduating class; and from 1.6 percent in Region III to 10.4 percent in Region I come from large high schools with more than 500 in the graduating class. For the entire sample, the small class, 1 through 49 students, was the most frequent response, 25.5 percent.

For the most part, the practical nursing students who withdrew before graduation had not attended any other nursing school. Only 37 students, or 5.5 percent, reported some previous experience with nursing education. Of these 37 students, 17 did not identify their previous school or they named a school which was unknown to the National League for Nursing (Table 7-12). Eleven students had previously been enrolled in a hospital diploma program, six in another practical nursing school, two in a baccalaureate degree program, and one in an associate degree program.

Table 7-12. Type of Nursing School Previously Attended by Practical Nursing Students who Withdrew Before Graduation

Type of School	Number of Students
Vocational or Practical Nursing school	6
Associate degree program	1
Diploma program	11
Baccalaureate degree program	2
Unknown	17
Total	37

Information About Parents

From 64.5 percent in Region IV to 76.6 percent in Region II reported their fathers as living. For the entire sample, the percent was 72.3 (Table 7-13).

Table 7-13. Fathers Reported as Living by Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Father	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Living	190	74.8	112	76.6	117	69.6	71	64.5	490	72.3
Not living	60	23.6	34	23.3	51	30.4	39	35.5	184	27.1
Unknown	4	1.6	0	0.0	0	0.0	0	0.0	4	0.6
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Fathers of most of the practical nursing participants who withdrew before graduation were born in continental United States - 71.7 percent in Region I, 89 percent in Region II, 85.1 percent in Region III, and 77.3 percent in Region IV (Table 7-14). Proportions ranging from a little more than 7 percent in Regions II and III to 15.5 percent in Region IV fell into the category of "other countries," which most frequently meant European. Almost all fathers reported as born in Puerto Rico were in Region I, 7.5 percent. For the entire sample, 79.6 percent of fathers were born in the United States, 10.9 percent in other countries, and for 5.6 percent there was no response.

Table 7-14. Birthplace of Fathers of Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Birthplace	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Continental U.S.A.	182	71.7	130	89.0	143	85.1	85	77.3	540	79.6
Puerto Rico	19	7.5	0	0.0	1	0.6	0	0.0	20	2.9
Other territories and possessions	1	0.4	0	0.0	0	0.0	0	0.0	1	0.1
Canada	2	0.8	2	1.4	0	0.0	1	0.9	5	0.7
Other countries	34	13.4	11	7.5	12	7.1	17	15.5	74	10.9
Unknown	16	6.3	3	2.1	12	7.1	7	6.4	38	5.6
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Table 7-15. Occupation of Fathers of Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Occupation	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Medically oriented	4	1.6	2	1.4	2	1.2	0	0.0	8	1.2
Teacher	4	1.6	1	0.7	1	0.6	1	0.9	7	1.0
Clergy	2	0.8	4	2.7	2	1.2	0	0.0	8	1.2
Other service type	4	1.6	2	1.4	4	2.4	0	0.0	10	1.5
Professional and semi-professional	13	5.1	4	2.7	4	2.4	5	4.5	26	3.8
Sales and clerical	38	15.0	21	14.4	20	11.9	14	12.7	93	13.7
Farmer-rancher	3	1.2	21	14.4	30	17.9	17	15.5	71	10.5
Other out-of-door	6	2.4	6	4.1	6	3.6	6	5.5	24	3.5
Skilled	59	23.2	35	24.0	31	18.5	26	23.6	151	22.3
Semi-skilled	22	8.7	13	8.9	15	8.9	9	8.2	59	8.7
Unskilled	25	9.8	17	11.6	12	7.1	6	5.5	60	8.8
Unknown	74	29.1	20	13.7	41	24.4	26	23.6	161	23.7
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Occupational data for fathers are presented in Tables 7-15, -16 and -17. In all three tables there are varying but considerable proportions in the unidentifiable and nonresponse categories. For the father for whom an occupation was given, the predominant category was that of skilled worker - 23.2 percent in Region I, 24 percent in Region II, 18.5 percent in Region III, and 23.6 percent in Region IV (Table 7-15). Sales and clerical workers accounted for 15 percent in Region I, 14.4 percent in Region II, 11.9 percent in Region III, and 12.7 percent in Region IV. Although few fathers in Region I, 1.2 percent, were farmers, 14.4 percent in Region II, 17.9 percent in Region III, and 15.5 percent in Region IV were in this category.

Except for unskilled workers in Region II (11.6 percent), no other single category amounted to even 10 percent. For the entire sample, 23.7 percent of fathers' occupations were unknown, 22.3 percent were skilled workers, 13.7 percent sales and clerical workers, and 10.5 percent were farmers.

Table 7-16 indicates that from 26.4 percent of the fathers in Region IV to 44.1 percent in Region I were currently employed; from 11 percent in Region I and 19.2 percent were self-employed.

Table 7-16. Employment Status of Fathers of Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Employment Status	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Self-employed										
Now	28	11.0	28	19.2	19	11.3	19	17.3	94	13.9
Formerly	8	3.1	8	5.5	22	13.1	16	14.5	54	8.0
Employed										
Now	112	44.1	60	41.1	66	39.3	29	26.4	267	39.4
Formerly	24	9.4	27	18.5	24	14.3	17	15.5	92	13.6
Unemployed	2	0.8	0	0.0	2	1.2	0	0.0	4	0.6
Unknown	80	31.5	23	15.8	35	20.8	29	26.4	167	24.6
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Table 7-17. Social Index of Fathers of Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Social Index	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
One	1	0.4	3	2.1	1	0.6	0	0.0	5	0.7
Two	13	5.1	4	2.7	3	1.8	3	2.7	23	3.4
Three	18	7.1	16	11.0	5	3.0	6	5.5	45	6.6
Four	77	30.3	47	32.2	47	28.0	33	30.0	204	30.1
Five	45	17.7	37	25.3	38	22.6	17	15.5	137	20.2
Not Identifiable	100	39.4	39	26.7	74	44.0	51	46.4	264	38.9
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

From 9.4 percent in Region I to 18.5 percent in Region II had been employed at some previous time and 3.1 percent in Region I to 14.5 percent in Region IV had formerly been self-employed. Less than one percent were reported as unemployed, and for 15.8 percent in Region II to 31.5 percent in Region I employment status could not be determined. For the entire sample, 53.3 percent of fathers were currently employed or self-employed, 21.6 percent had been formerly employed or self-employed, and for 24.6 percent no data were available.

For the highest proportion of fathers in every region except two, it was not possible to determine Social Index (Table 7-17). For those for whom a response was available, approximately 30 percent in each region were at point four of the Social Index scale and from 15.5 percent in Region IV to 25.3 percent in Region II were at position five. For the entire sample, 38.9 percent of fathers were undetermined on the Social Index scale, 30.1 percent were at four, 20.2 percent five, 6.6 percent three, 3.4 percent two, and less than one percent were at the top position.

The greatest proportion of fathers in all regions had eight years or less education, the range being from 27.2 percent in Region I to 45.2 percent in Region III (Table 7-18). The only other single category frequently reported was 12 years of education, ranging from 15.5 percent in Region III to 22.7 percent in Region IV. For the entire sample, 35.5 percent had 8 years or less education, 22.9 percent from 9 to 11 years, 17.8 percent 12 years, 7.2 percent from 13 to 15 years, 4.1 percent 16 years or over, and 12.2 percent were unknown.

Table 7-18. Education of Fathers of Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Education in Years	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Eight or under	69	27.2	52	35.6	76	45.2	44	40.0	241	35.5
Nine	15	5.9	14	9.6	11	6.5	5	4.5	45	6.6
Ten	24	9.4	13	8.9	15	8.9	8	7.3	60	8.8
Eleven	23	9.1	10	6.8	13	7.7	5	4.5	51	7.5
Twelve	45	17.7	25	17.1	26	15.5	25	22.7	121	17.8
Thirteen	5	2.0	6	4.1	4	2.4	1	0.9	16	2.4
Fourteen	13	5.1	4	2.7	4	2.4	3	2.7	24	3.5
Fifteen	0	0.0	2	1.4	1	0.6	6	5.5	9	1.3
Sixteen and over	15	5.9	7	4.8	3	1.8	3	2.7	28	4.1
Unknown	45	17.7	13	8.9	15	8.9	10	9.1	83	12.2
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Most of the mothers of students who withdrew before graduation were reported as living (Table 7-19). Proportions ranged from 77.3 percent in Region IV to 88.6 percent in Region I, with a total sample percent of 85.4.

Table 7-20 indicates that most of the mothers were born in the United States, from 77.2 percent in Region I

Table 7-19. Mothers Reported as Living by Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Mother	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Living	255	88.6	121	82.9	148	88.1	85	77.3	579	85.4
Not living	29	11.4	25	17.1	20	11.9	24	21.8	98	14.5
Unknown	0	0.0	0	0.0	0	0.0	1	0.9	1	0.1
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

to 90.5 percent in Region III. Other countries (primarily European) was the birthplace for mothers, ranging from 5.9 percent in Region III to 12.7 percent in Region IV.

Table 7-20. Birthplace of Mother of Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Birthplace	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Continental U.S.A.	196	77.2	128	87.7	152	90.5	93	84.5	569	83.9
Puerto Rico	19	7.5	0	0.0	1	0.6	0	0.0	20	2.9
Other territories and possessions	1	0.4	0	0.0	0	0.0	0	0.0	1	0.1
Canada	6	2.4	4	2.7	0	0.0	0	0.0	10	1.5
Other countries	27	10.6	11	7.5	10	5.9	14	12.7	62	9.1
Unknown	5	2.0	3	2.1	5	3.0	3	2.7	16	2.4
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Mothers' occupational data show an even higher proportion of no response and uncodeable responses than for fathers (Tables 7-21, 7-22, and 7-23). Most of the students who gave an occupation said that their mothers were housewives, from 27.3 percent in Region IV to 34.5 percent in Region III (Table 7-21). Of the mothers employed, presumably outside the home, most were sales and clerical personnel, from 6.2 percent in Region II to 9.4 percent in Region I. Very few mothers, from none in Region II to 3.6 percent in Region IV, were registered nurses, and 1 percent or less in all regions were practical nurses. For the entire sample, there was a 43 percent no answer, 30.2 percent of mothers were housewives and 7.7 percent sales or clerical workers.

Table 7-21. Occupation of Mothers of Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Occupation	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Registered nurse	7	2.8	0	0.0	2	1.2	4	3.6	13	1.9
Licensed practical nurse	4	1.6	2	1.4	1	0.6	2	1.8	9	1.3
Other medically oriented	11	4.3	5	3.4	7	4.2	3	2.7	26	3.8
Teacher	2	0.8	2	1.4	1	0.6	3	2.7	8	1.2
Housewife	72	28.3	45	30.8	58	34.5	30	27.3	205	30.2
Other service type	2	0.8	0	0.0	0	0.0	0	0.0	2	0.2
Sales-clerical	24	9.4	9	6.2	11	6.5	8	7.3	52	7.7
Out-of-doors	0	0.0	1	0.7	0	0.0	0	0.0	1	0.1
Skilled	4	1.6	1	0.7	5	3.0	0	0.0	10	1.5
Semi-skilled	12	4.7	14	9.6	7	4.2	0	0.0	33	4.9
Unskilled	8	3.1	7	4.8	9	5.4	3	2.7	27	4.0
No answer	108	42.5	60	41.1	67	39.9	57	51.8	292	43.0
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

One hundred and seventy-two, or about a quarter of the mothers, were reported as currently employed or self-employed (Table 7-22).

Table 7-22. Employment Status of Mothers of Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Employment Status	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Self-employed now	3	1.2	4	2.7	4	2.4	2	1.8	13	1.9
Employed now	65	25.6	35	24.0	40	23.8	19	17.3	159	23.5
Formerly working	1	0.4	2	1.4	0	0.0	2	1.8	5	0.7
Not employed and not identifiable	185	72.8	105	71.9	124	73.8	87	79.1	501	73.9
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Social Index determinations were available for about a fourth of the respondents' mothers (Table 7-23). Of these, the largest number were at position four (6.4 percent in Region IV to 11.4 percent in Region I).

Table 7-23. Social Index of Mothers of Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Social Index	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Two	9	3.5	2	1.4	3	1.8	7	6.4	21	3.1
Three	11	4.3	2	1.4	3	1.8	2	1.8	8	2.7
Four	29	11.4	16	11.0	19	11.3	7	6.4	71	10.5
Five	23	9.1	18	12.3	16	9.5	6	5.5	63	9.3
Unknown	182	71.7	108	74.0	127	75.6	88	80.0	505	74.5
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Similar to fathers, the mothers were usually reported to have had eight years or less education - from 28 percent in Region I to almost 40 percent in Region III (Table 7-24). Twelve years education accounted for about a fifth of mothers - 18.2 percent in Region IV to 28.1 percent in Region II. In the entire sample, 32.2 percent had

Table 7-24. Education of Mothers of Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Education in Years	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Eight or under	71	28.0	44	30.1	67	39.9	36	32.7	218	32.2
Nine	8	3.1	9	6.2	6	3.6	6	5.5	29	4.3
Ten	26	10.2	16	11.0	15	8.9	11	10.0	68	10.0
Eleven	17	6.7	11	7.5	22	13.1	5	4.5	55	8.1
Twelve	67	26.4	41	28.1	34	20.2	20	18.2	162	23.9
Thirteen	10	3.9	4	2.7	4	2.4	4	3.6	22	3.2
Fourteen	10	3.9	6	4.1	2	1.2	6	5.5	24	3.5
Fifteen	8	3.1	3	2.1	3	1.8	2	1.8	16	2.4
Sixteen and over	9	3.5	4	2.7	4	2.4	10	9.1	27	4.0
Unknown	28	11.0	8	5.5	11	6.5	10	9.1	57	8.4
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

eight years or less education - 22.4 percent from 9 to 11 years, 23.9 percent 12 years, 9.1 percent from 13 to 15 years, 4 percent 16 years or over and for 8.4 percent education was unknown.

About 70 percent or more of practical nursing students who withdrew had come from families that were mixed boys and girls (Table 7-25). From 11.6 percent in Region II to 18.9 percent in Region I were from all-girl families and from 5.5 percent in Region IV to 12.5 percent in Region III were the only child.

Table 7-25. Family Composition of Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Family Composition	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Only child	23	9.1	15	10.3	21	12.5	6	5.5	65	9.6
All-boy family	0	0.0	1	0.7	0	0.0	2	1.8	3	0.4
All-girl family	48	18.9	17	11.6	24	14.3	17	15.5	106	15.6
Mixed boys and girls	177	69.7	109	74.7	122	72.6	84	76.4	492	72.6
Unknown	6	2.4	4	2.7	1	0.6	1	0.9	12	1.8
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Table 7-26 indicates that most participants occupied some mid position in their families - from 36.3 percent in Region III to 42.7 percent in Region IV; that is, they had siblings who were both younger and older than themselves. Except for Region III, proportions of students reporting themselves to be the oldest or youngest in the family were similar. For the entire sample, 9.6 percent were the only child, 25.5 percent were the oldest, 21.8 percent the youngest, 38.1 percent were in a mid-position, and 5 percent were unknown.

The students who withdrew usually reported themselves to be white - 73.2 percent in Region I, 74.7 percent in Region II, 67.9 percent in Region III, and 89.1 percent in Region IV (Table 7-27). Negro students who withdrew were 24.8 percent in Region I, 23.3 percent in Region II, 30.4 percent in Region III, and 2.7 percent in

Table 7-26. Sibling Placement of Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Placement	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Only child	23	9.1	15	10.3	21	12.5	6	5.5	65	9.6
Oldest	66	26.0	32	21.9	49	29.2	26	23.6	173	25.5
Youngest	56	22.0	36	24.7	32	19.0	24	21.8	148	21.8
Mid-placement	94	37.0	56	38.4	61	36.3	47	42.7	258	38.1
Unknown	15	5.9	7	4.8	5	3.0	7	6.4	34	5.0
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Region IV. For the entire sample, about three-fourths were white and 22.3 percent Negro. Other categories including no response usually accounted for 1 percent or less.

Table 7-27. Ethnic Group Reported by Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Ethnic Group	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
White	186	73.2	109	74.7	114	67.9	98	89.1	507	74.8
Negro	63	24.8	34	23.3	51	30.4	3	2.7	151	22.3
Oriental	1	0.4	0	0.0	1	0.6	1	0.9	3	0.4
American Indian	0	0.0	2	1.4	0	0.0	5	4.5	7	1.0
Other	1	0.4	1	0.7	1	0.6	2	1.8	5	0.7
No answer	3	1.2	0	0.0	1	0.6	1	0.9	5	0.7
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

Religious affiliation as reported by students is presented in Table 7-28. The percent reporting to be Roman Catholic were 37.8 in Region I, 31.5 in Region II, 17.9 in Region III, and 30.9 in Region IV. Non-Roman Catholic Christian, which includes all Protestant sects, was 51.9 percent in Region I, 65.8 percent in Region II, 77.4 percent in Region III, and 61.8 percent in Region IV. The range for students adhering to the Jewish religion was from none in Region III to 5.1 percent in Region I. Some students said they had no religion - less than one percent in Regions II and III to 4.5 percent in Region IV; no answer to this question ranged from less than 1 percent in Regions II and IV to 4.2 percent in Region III. For the entire sample, 30.4 percent were Roman Catholic, 62.8 percent Christian non-Roman Catholic, 2.5 percent Jewish, 2.1 percent had no religious preference, and 2.2 percent did not respond.

Table 7-28. Religious Affiliation Reported by Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Religion	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Roman Catholic	96	37.8	46	31.5	30	17.9	34	30.9	206	30.4
Christian non-Roman Catholic	132	51.9	96	65.8	130	77.4	68	61.8	426	62.8
Jewish	13	5.1	2	1.4	0	0.0	2	1.8	17	2.5
None	7	2.8	1	0.7	1	0.6	5	4.5	14	2.1
No answer	6	2.4	1	0.7	7	4.2	1	0.2	15	2.2
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

For all regions, except one, the most frequently occurring income category was $2,500 to $4,999. The range is from 22.6 percent in Region II to 39.9 percent in Region III (Table 7-29). About a fifth of the students in Regions III and IV reported a lower income, less than $2,500. Combining the two lowest income categories of Table 7-29, a high proportion of students reported family income to be below $5,000 - 38.6 percent in Region I, 38.4 percent in Region II, 61.9 percent in Region III, and 50.9 percent in Region IV.

A wide range from 12.5 percent in Region III to 26.4 percent in Region IV exists in the $5,000 to $7,499 bracket. Those reporting family incomes of $7,500 to $9,999 ranged from 4.8 percent in Region III to 11.6 percent in Region II; incomes of $10,000 to $12,499 ranged from 4.5 percent in Region IV to 9.8 percent in Region I; and $12,500 to $14,999 were from less than 1 percent in Regions III and IV to 3.1 percent in Region I. All other income categories accounted for about 1 percent or less of the responses in all regions. For the entire sample, almost half, 46.3 percent, reported family incomes below $5,000 and another 20.2 percent reported incomes of $5,000 to $7,499. Approximately 7 to 8 percent fell into the next two income categories and there were 14.3 percent whose incomes were unknown.

Table 7-29. Annual Family Income of Practical Nursing Students who Withdrew Before Graduation by Geographic Region of School

Reported Income	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Below $2,500	29	11.4	23	15.8	37	22.0	22	20.0	111	16.4
$2,500-4,999	69	27.2	33	22.6	67	39.9	34	30.9	203	29.9
$5,000-7,499	51	20.1	36	24.7	21	12.5	29	26.4	137	20.2
$7,500-9,999	17	6.7	17	11.6	8	4.8	8	7.3	50	7.4
$10,000-12,499	25	9.8	12	8.2	11	6.5	5	4.5	53	7.8
$12,500-14,999	8	3.1	3	2.1	1	0.6	1	0.9	13	1.9
$15,000-17,499	2	0.8	2	1.4	2	1.2	2	1.8	8	1.2
$17,500-19,999	0	0.0	1	0.7	0	0.0	0	0.0	1	0.1
Over $20,000	3	1.2	0	0.0	1	0.6	1	0.9	5	0.7
Unknown	50	19.7	19	13.0	20	11.9	8	7.3	97	14.3
Total	254	100.0	146	100.0	168	100.0	110	100.0	678	100.0

CHAPTER VIII

TABULATIONS SHOWING INTERRELATIONSHIPS

Two of the main areas of interest of this project are the relationship of individual characteristics with withdrawal or graduation from the program and individual characteristics with working status after graduation. Also of considerable interest was the continuity of goals throughout the educational program and achieved goals after graduation.

Practically all responses of the students on the initial questionnaire were related to both graduation and withdrawal and working status. In a few instances, information obtained on the second questionnaire completed at the time of graduation was related to working status. For the most part, those which indicated a significant relationship are the only ones reported. However, occasionally when the findings of this study were in opposition to the findings of some other study, nonsignificant relationships have been reported, also.

In determining the significance of certain variations between variables, the two statistics ordinarily computed were either the chi-square or the Personian r. In relationships in which the variables could both be considered continuous variables, the Personian r was used in determining the critical factor in the probability level. In relationships of noncontinuous variables, the chi-square was computed and the probability levels indicated are from these computations. A probability level of .001 was the criterion of significance unless otherwise stated. When these computations were inappropriate, the distribution was observed and commented on without support of statistical computation, unless otherwise mentioned.

Withdrawal and Graduation

Of the 3,014 students who responded to the first questionnaire, 2,336 were graduated. There were regional differences in the proportion of students who graduated from these programs. The highest rates of withdrawal were in Regions I and IV - 26.7 percent and 24.2 percent respectively. The lowest withdrawal rates were in Regions II and III, with 18.9 percent and 20.1 percent respectively withdrawing before graduation. The withdrawal rate is significantly different by region with a χ^2 probability level of less than .001. The region with the highest withdrawal rate, Region I, is also the region with the highest number of high school programs preparing practical nurses (Table 8-1). This high proportion of high school programs also means that there is a higher proportion of students who have chosen to enter practical nursing between the ages of fourteen and seventeen than there is in any other region of the country. As will be seen later, age is another significant factor in rate of withdrawal or graduation from schools of practical nursing.

Table 8-1. Students who Graduated and Withdrew from Practical Nursing Programs by Geographic Region of School*

Item	Region I		Region II		Region III		Region IV		All Regions	
	No.	%	No.	%	No.	%	No.	%	No.	%
Graduated	697	73.3	628	81.1	667	79.9	344	75.8	2,336	77.5
Withdrew	254	26.7	146	18.9	168	20.1	110	24.2	678	22.5
Total	951	100.0	774	100.0	835	100.0	454	100.0	3,014	100.0

*NLN Region I (North Atlantic) Conn., Del., D.C., Me., Mass., N.H., N.J., N.Y., Pa., R.I., Vt.
Region II (Midwestern) Ill., Ind., Iowa, Kan., Mich., Minn., Mo., Neb., N.D., Ohio, S.D., Wis.
Region III (Southern) Ala., Ark., Fla., Ga., Ky., La., Md., Miss., N.C., Okla., Puerto Rico, S.C., Tenn., Tex., Va., W. Va.
Region IV (Western) Alaska, Ariz., Calif., Colo., Hawaii, Idaho, Mont., Nev., N.M., Ore., Utah, Wash., Wyo.

Of the students who graduated, 40 completed their program at some time between the scheduled date of graduation and one year after the expected date. These 40 students are considered graduates in all tabulations in this chapter.

Biographical Characteristics

Nearly 98 percent of the students who entered a school of practical nursing were women. However, of the 63 men who entered the schools within the period of this study, 48, or 76.2 percent, graduated. There was no significant difference between the rate of graduation between the women and the men who entered the school of nursing (Table 8-2).

Table 8-2. Students who Graduated and Withdrew from Practical Nursing Programs by Sex

Item	Women		Men		Total	
	No.	%	No.	%	No.	%
Graduated	2,288	77.5	48	76.2	2,336	77.5
Withdrew	663	22.5	15	23.8	678	22.5
Total	2,951	100.0	63	100.0	3,014	100.0

Because of the difference of an incentive for gainful occupation between the single person and the married person and between men and women, it was believed that the relationship between marital status and graduation or withdrawal from a school of nursing should be looked at separately for men and women. Although the actual number of men and women in the sample varies greatly, the proportion of each who graduated and withdrew was shown to have no significant difference. In both cases, for men and women, the groups that were married at the time of entrance had a considerably smaller proportion who withdrew before graduation. The proportions of married students withdrawing were significantly smaller than those graduating at the .05 probability level (χ^2). For both men and women, the formerly married or the widowed, divorced, and separated group had the highest proportion of students who did not graduate from the program (Table 8-3).

Table 8-3. Students who Graduated and Withdrew from Practical Nursing Programs by Marital Status and Sex*

Item	Single		Married		Widowed, Divorced, Separated		Total	
	No.	%	No.	%	No.	%	No.	%
Women								
Graduated	1,288	76.7	750	80.1	223	74.3	2,261	77.5
Withdrew	392	23.3	186	19.9	77	25.7	655	22.5
Total women	1,680	100.0	936	100.0	300	100.0	2,916	100.0
Men								
Graduated	27	75.0	18	85.7	1	25.0	46	75.4
Withdrew	9	25.0	3	14.3	3	75.0	15	24.6
Total men	36	100.0	21	100.0	4	100.0	61	100.0

*Table excludes 1 Religious Brother, 8 Religious Sisters, and 1 man and 27 women whose marital status was unknown.

Another variable which showed a significant difference when related to withdrawal and graduation was that of the students' age at the time of entrance to the school of nursing. However, in this instance, age was a factor only for the women. In looking at the proportion who graduated and withdrew in the various age groups, the highest attrition rate, 32.6 percent, is noted in the age group 14-17. Although approximately 12 percent of the students entering the schools of nursing fall into the age group 14-17, all of these students, with one exception, were women. Therefore, the difference brought about through the high attrition rate of this particular age group does not affect that for men. Once again, the largest number of students in this age group are those who were in the high school programs in which the students made their vocational selection prior to entering the junior or senior year of high school. The lowest rate of withdrawal among the women is in the age group 30-34 (Table 8-4).

Table 8-4. Students who Graduated and Withdrew from Practical Nursing Programs by Age at Time of Entrance and Sex*

Item	Age at Time of Entrance														Total	
	14-17		18-19		20-24		25-29		30-34		35-44		45 and Over			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Women																
Graduated	223	67.4	811	79.3	320	77.7	175	81.4	156	85.7	331	78.8	151	75.9	2,167	77.9
Withdrew	108	32.6	212	20.7	92	22.3	40	18.6	26	14.3	89	21.2	48	24.1	615	22.1
Total women	331	100.0	1,023	100.0	412	100.0	215	100.0	182	100.0	420	100.0	199	100.0	2,782	100.0
Men																
Graduated	1	50.0	6	66.7	17	77.3	11	73.3	3	75.0	7	87.5	2	100.0	47	75.8
Withdrew	1	50.0	3	33.3	5	22.7	4	26.7	1	25.0	1	12.5	0	0.0	15	24.2
Total men	2	100.0	9	100.0	22	100.0	15	100.0	4	100.0	8	100.0	2	100.0	62	100.0

*Excludes 170 students for whom age was not known.

Several factors about the students' high school attendance and graduation were identified and related to graduation or withdrawal from the nursing program. One of these was the size of the community where the student was living at the time she attended high school. Although this factor is not known for 233 of the students, the computations showing the relationship of size of community to graduation from nursing school indicate that there is a significant relationship between these factors at the .001 level of probability. For the student whose place of residence during her high school was in a community of over a million, a considerably smaller proportion, 59.3 percent, graduated from the nursing program than for students living in smaller communities. These figures may well be related to the age factor. The students in the age group of 14 through 17 are primarily those who chose to take a vocational preparation in practical nursing as a part of a high school course. Since nearly all of the high school programs attended by students who participated in the study were in communities of over 1,000,000 people, the relationship of the large size city to nongraduation may be entirely due to the age factor. However, for other community sizes, there appears to be no direct relationship and size of community is not a proportional one related to withdrawal and graduation of students (Table 8-5).

First, graduation or withdrawal from the practical nursing program was related to whether or not the student was a graduate of a high school. Secondly, for the high school graduates, graduation or withdrawal was related to academic standing in the high school graduating class. As has been shown in many studies of other educational programs, graduation and withdrawal are related directly to the student's academic background. Computations of chi-square show that there was a significant relationship between graduation from high school and graduation from

Table 8-5. Students who Graduated and Withdrew from Practical Nursing Programs by Size of Community of High School Attendance*

Item	Size of High School Community																		Total	
	Less Than 2,500		2,500-4,999		5,000-9,999		10,000-19,999		20,000-49,999		50,000-99,999		100,000-249,000		250,000-1,000,000		Over 1,000,000			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Graduated	768	80.8	203	81.2	225	77.3	261	84.5	209	76.3	148	79.6	116	77.9	90	73.2	147	59.3	2,167	77.9
Withdrew	183	19.2	47	18.8	66	22.7	48	15.5	65	23.7	38	20.4	33	22.1	33	26.8	101	40.7	614	22.1
Total	951	100.0	250	100.0	291	100.0	309	100.0	274	100.0	186	100.0	149	100.0	123	100.0	248	100.0	2,781	100.0

*Excludes 233 for whom size of community is unknown.

a practical nursing program and also there was a relationship between academic standing in the high school class and graduation from the nursing program. Of those students who completed high school, approximately 80 percent went on to graduate from the practical nursing program which they had entered, whereas approximately 70 percent of those who had not graduated from high school went on to graduate from the practical nursing program. This holds true in spite of the fact that although high school graduation is not required by the majority of the practical nursing programs for entrance, usually the curriculum is planned now with the assumption that the students have a full high school background. However, again, the students in the high school programs where the attrition rate was unusually high were also included in the group of those who did not graduate from high school. Looking at only the students who did graduate from high school, there is also a direct relationship in reported academic standing in high school and graduation from the practical nursing program. The proportion who graduated from practical nursing ranges from 85.4 percent of the students who graduated in the top fourth of their high school class to 68.1 percent of those who graduated in the bottom fourth of their graduating class (Tables 8-6 and 8-7).

Table 8-6. Students who Graduated and Withdrew from Practical Nursing Programs by Graduation from High School*

Item	High School Graduate?				Total	
	Yes		No			
	No.	%	No.	%	No.	%
Graduated	1,865	79.8	471	69.7	2,336	77.6
Withdrew	471	20.2	205	30.3	676	22.4
Total	2,336	100.0	676	100.0	3,012	100.0

*High school graduation unknown for 2 students.

Three different factors related to the student's personal background did not appear to have any relationship to withdrawal or graduation from the practical nursing program. These three were the birthplace of the student, the size of the high school graduating class, and previous attendance at a school of nursing. Birthplace of the student was according to country of birth (with the exception of those born in the United States, but outside of continental U.S.A.). The attendance at nursing school was examined in a two-by-two relationship of withdrawal and not withdrawal with no previous nursing school versus some previous nursing school. Graduation or withdrawal from the practical nursing program was related also to the type of nursing program previously attended for the small group involved.

In addition to those factors which appear to show no relationship in terms of withdrawal or graduation from

Table 8-7. Students who Graduated and Withdrew from Practical Nursing Programs by Academic Standing in High School Graduating Class*

Item	Academic Standing								Total	
	Top Fourth		Second Fourth		Third Fourth		Bottom Fourth			
	No.	%	No.	%	No.	%	No.	%	No.	%
Graduated	292	85.4	751	82.2	556	77.1	94	68.1	1,693	80.0
Withdrew	50	14.6	163	17.8	165	22.9	44	31.9	422	20.0
Total	342	100.0	914	100.0	721	100.0	138	100.0	2,115	100.0

*Excludes 899 who were not high school graduates or whose academic standing was unknown.

the nursing program, none of the information obtained about the students' parents appeared to have any direct relationship, either. Information obtained about each parent was whether or not the parent was living, the parent's occupation at the time the student entered the school of nursing, whether or not the parent was employed, parent's educational background in terms of years of school attendance, and a social index calculated on a scale derived from both occupation and education. Each item of information concerning either of the parents showed no significant relationship to withdrawal or graduation from the school of nursing. The only information for the two parents that was combined were the combined parents' education and, here again, there appeared to be no relationship in the combined picture of the parents' education to the student's graduation or withdrawal from the practical nursing program.

Additional family background information was obtained regarding the family composition and sibling placement of the student who was attending the school of nursing. When comparing the family composition in terms of only child, all-boy family, all-girl family, and mixed boys and girls, there appeared to be no difference between the graduating group and those who withdrew from the school of nursing with regard to the composition of families of more than one child. However, there was a significant difference in the proportion of those who indicated they were an only child with those who indicated that they had brothers or sisters. The proportion of those who indicated they were an only child who graduated from the program was 66 percent; whereas the proportion who indicated they were one of a family of two or more children, the proportion who graduated was approximately 78 percent. The χ^2 calculated showed a significant difference at the probability level .01 (Tables 8-8 and 8-9).

Table 8-8. Students who Graduated and Withdrew from Practical Nursing Programs by Family Composition*

Item	Family Composition								Total	
	Only Child		All-Boy		All-Girl		Mixed			
	No.	%	No.	%	No.	%	No.	%	No.	%
Graduated	126	66.0	11	78.6	379	78.1	1,796	78.5	2,312	77.6
Withdrew	65	34.0	3	21.4	106	21.9	492	21.5	666	22.4
Total	191	100.0	14	100.0	485	100.0	2,288	100.0	2,978	100.0

*Family composition was unknown for 36 students.

Three other biographical factors which appeared to have some relationship to whether or not the student graduated or withdrew from the practical nursing program were those of ethnic group identification, religion, and annual family income. The student was asked to indicate her ethnic background. She was given the alternatives of

Table 8-9. Students who Graduated and Withdrew from Practical Nursing Programs by Sibling Placement*

Item	Sibling Placement								Total	
	Only Child		Oldest		Youngest		Mid Place			
	No.	%	No.	%	No.	%	No.	%	No.	%
Graduated	126	66.0	599	77.6	510	77.5	1,023	79.9	2,258	77.8
Withdrew	65	34.0	173	22.4	148	22.5	258	20.1	644	22.2
Total	191	100.0	772	100.0	658	100.0	1,281	100.0	2,902	100.0

*Sibling placement was unknown for 112 students.

white, Negro, Oriental, or other and there was space for the student to identify in her own words her meaning of "other." There were 28 students in the group who indicated that they were of some other ethnic group than the three alternatives given. Of these 28, 14 identified themselves by writing in the words American Indian. The other 14 indicated a mixed parentage of some type. Some of these were indicated by such words as Polynesian, Puerto Rican, mixed, and Mexican. Although the students who indicated their ethnic background as Oriental, American Indian, or other amounted to slightly over 1 percent, these groups all showed a considerably higher rate of withdrawal before graduation than either the white or Negro group. The Negro group constituted nearly 18 percent of the entire group and the white approximately 81 percent. The rate of withdrawal in the Negro group was higher than that for the white group - 28.2 percent Negro as compared to 20.9 percent white. Calculation indicated that the white group had a significantly higher rate of graduation from the practical nursing programs than those for the other ethnic groups. This difference was significant at less than .001 probability level (Table 8-10).

Table 8-10. Students who Graduated and Withdrew from Practical Nursing Programs by Ethnic Group Identification*

Item	Ethnic Group										Total	
	White		Negro		Oriental		American Indian		Other			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Graduated	1,924	79.1	384	71.8	4	57.1	7	50.0	9	64.3	2,328	77.6
Withdrew	507	20.9	151	28.2	3	42.9	7	50.0	5	35.7	673	22.4
Total	2,431	100.0	535	100.0	7	100.0	14	100.0	14	100.0	3,001	100.0

*Excludes 13 students for whom ethnic group was unknown.

Fifty-eight students did not answer the question on religious affiliation. This was not taken to assume that they had no religious affiliation inasmuch as "none" was one of the alternative responses available to the student and 33 students did avail themselves of this response on the questionnaire. The 58 for whom no response is available are eliminated from the computations comparing religious identification with withdrawal and graduation from the practical nursing program. In addition to these 58 students of unknown religious identification, three students were excluded whose religions did not fit any of the four major classifications of Roman Catholic, Christian non-Roman Catholic, Jewish, and none.

From the calculations of the relationship of religion to graduation or withdrawal from practical nursing programs, it appears that, again, there is a significant relationship (χ^2) between these factors. At a probability level between .01 and .001, it would appear that religion is a factor related to graduation or withdrawal. The information related to religion discloses that the group with no religious affiliation at all has the highest rate of withdrawal before graduation at 42.4 percent. The rate of withdrawal in the Jewish group is 37 percent, whereas the rate of withdrawal in both the Roman Catholic and the Christian non-Roman Catholic groups is considerably lower - 23.9 percent and 21.2 percent respectively (Table 8-11).

Table 8-11. Students who Graduated and Withdrew from Practical Nursing Programs by Religious Identification*

Item	Religious Identification								Total	
	Roman Catholic		Christian Non-Roman Catholic		Jewish		None			
	No.	%	No.	%	No.	%	No.	%	No.	%
Graduated	657	76.1	1,585	78.8	29	63.0	19	57.6	2,290	77.5
Withdrew	206	23.9	426	21.2	17	37.0	14	42.4	663	22.5
Total	863	100.0	2,011	100.0	46	100.0	33	100.0	2,953	100.0

*Excludes 3 students of other religious identification and 58 unknown.

Another factor that shows considerable variation but no direct relationship to graduation from the practical nursing program was that of reported annual family income. Other studies of attrition in other types of educational programs indicate that the attrition rate is higher in the lower income group. That particular type of relationship does not seem to be apparent in the tabulations for graduation and withdrawal in relation to annual family income for this practical nursing group. However, approximately 89 percent of those reporting income were in groupings up to $10,000 per year. In the lowest four groups, there was a direct relationship with graduation. Above this level of income, perhaps other factors such as the low income potential of the graduate practical nurse may have influenced the rate of withdrawal. The highest rate of graduation is at one of the upper income levels - 87.5 percent for an annual income of $17,500-$19,999. The next highest frequency is 83.4 percent graduation rate for the income group $7,500-$9,999 and the lowest graduation rate, that of 68.8 percent, is for an income group in a middle classification of those that were used for the purpose of this study, that is, $10,000-$12,499 (Table 8-12).

Table 8-12. Students who Graduated and Withdrew from Practical Nursing Programs by Annual Family Income*

Item	Annual Family Income																		Total	
	Below $2,500		$2,500-$4,999		$5,000-$7,499		$7,500-$9,999		$10,000-$12,499		$12,500-$14,999		$15,000-$17,499		$17,500-$19,999		Over $20,000			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Graduated	344	75.6	649	76.2	609	81.6	252	83.4	117	68.8	46	78.0	26	76.5	7	87.5	19	79.2	2,069	78.1
Withdrew	111	24.4	203	23.8	137	18.4	50	16.6	53	31.2	13	22.0	8	23.5	1	12.5	5	20.8	581	21.9
Total	455	100.0	852	100.0	746	100.0	302	100.0	170	100.0	59	100.0	34	100.0	8	100.0	24	100.0	2,650	100.0

*Annual family income not known for 364 students.

Reasons for Choice of Nursing

The students' expressions of reasons for entering nursing, including experiences in their past life which tended to influence their choice of nursing as an occupation, did not in the way they were classified and coded show any significant relationships with graduation or withdrawal from the practical nursing program, except for two items. There appeared to be a significantly higher rate of graduation among those students who expressed the fact that they had entered nursing in order to gain an inner satisfaction from their life's work or a fulfillment of their life in some manner. The proportion of students who indicated that this was one of their main purposes for entering nursing was 80.7 percent. Although the actual proportion is quite close to that who did not mention this item at all, calculations indicate that it is significant at a probability level between .01 and .001 (χ^2). There were only seven people who indicated that they were going to use their nursing as an interim step toward attaining some other goal that would give them more satisfaction than nursing; five of these students withdrew before completing the practical nursing program (Table 8-13).

Table 8-13. Students who Graduated and Withdrew from Practical Nursing Programs by Expression of Satisfaction or Fulfillment*

Item	Expression of Satisfaction or Fulfillment: Not Mentioned		General Satisfaction		Will Help Me to...		I Am Qualified		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Graduated	1,906	77.0	393	80.7	2	28.6	32	78.0	2,333	77.5
Withdrew	570	23.0	94	19.3	5	71.4	9	22.0	678	22.5
Total	2,476	100.0	487	100.0	7	100.0	41	100.0	3,011	100.0

*Three students were not classified because of multiple responses.

The other statements of reasons for entering nursing which appear to be related to graduation and withdrawal are those expressions of some spiritual or dedicated commitment to nursing. There were only 157 students who actually mentioned or expressed in some way their commitment to nursing because of some external or compelling force; there was definitely a significant relationship between graduation and withdrawal. This relationship is significant at between the .05 and .01 level (χ^2). Of the three types of responses that were coded in this area, one implied an irresistible force calling the person to nursing as a career, the second specifically cited God as influencing the choice and calling the person to His service through nursing, and the third was a statement that the person was preparing for work in the mission field. The proportion of those making any statements of this sort who graduated is considerably higher than those who did not make any statement of this nature. The proportions graduating were 87.1 percent for those who implied a calling, 83.3 percent who were answering God's calling, and 93.9 percent for those who were preparing for the mission field. In the total number of 3,011, 7 people could be identified as Religious Brothers or Sisters; however, 2 Religious Sisters who indicated a Religious superior had directed them to enter nursing were excluded from Table 8-14.

Table 8-14. Students who Graduated and Withdrew from Practical Nursing Programs by Expression of Spiritual or Dedicated Commitment*

Item	Expression of Commitment: Vocation or Calling		God's Calling		Mission Field		Not Mentioned		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Graduated	61	87.1	45	83.3	31	93.9	2,197	77.0	2,334	77.5
Withdrew	9	12.9	9	16.7	2	6.1	657	23.0	677	22.5
Total	70	100.0	54	100.0	33	100.0	2,854	100.0	3,011	100.0

*Two Religious Sisters and one nonresponse are excluded.

Although no other reasons for the choice of nursing appeared to have any relationship to graduation and withdrawal, the statement of the person who was most helpful to the student in the choice of nursing as an occupation appeared to have some relationship. There were only 45 students who indicated that the person most helpful to them was some member of the clergy or sisterhood or God. These 45 people had a higher graduation rate than any other response group for this questionnaire (Table 8-15). This would not be an unexpected finding in light of the difference in graduation and withdrawal found among those students who made some expression of a spiritual or dedicated commitment to nursing.

Table 8-15. Students who Graduated and Withdrew from Practical Nursing Programs by Statement of Person Most Helpful in Choice of Nursing

Person	No.	% Graduated	% Withdrew
Clergy	37	89.2	10.8
God	8	87.5	12.5
Nursing student	20	85.0	15.0
Relative - medical, nursing	257	82.9	17.1
Other nurse	411	81.8	18.2
Other, unidentified	188	78.2	21.8
Self	483	77.4	22.6
Other, doctor	244	77.0	23.0
Relative, nonmedical	571	76.9	23.1
Mother, father, medical, nursing	68	76.5	23.5
Guidance counselor	307	73.6	26.4
No answer	364	73.0	27.0
Medically oriented	44	70.5	29.5
Mass media	12	58.3	41.7
Total	3,014	77.5	22.5

The next highest response group of persons who helped in the choice of nursing as an occupation were those of nursing student, a relative in a medically oriented or nursing position, and other nurses who were not related to the student. One similar group of persons, that is, where the mother or father was in a medically oriented or nursing profession, did not appear to be related to withdrawal or graduation.

One specific group of people indicated by students with a higher withdrawal rate than the average were those students who mentioned that a guidance counselor was the most helpful in the choice of nursing as an occupation. Only 12 students mentioned that the greatest influence in their choice of nursing came through the mass media. The large variety and number of groupings of people do not lend themselves to statistical computation. However, it is worth noting that the above variations in the proportion who graduated range from 70.5 percent of those who mentioned a medically oriented person other than doctors or nurses to 89.2 percent who mentioned a member of the clergy or sisterhood.

The reasons for attending or not attending a particular type of program do not appear to have any relationship to withdrawal or graduation.

Future Goals in Nursing

In the responses indicating future goals in nursing of the students at the time they entered the practical nursing program, there does not seem to be any meaningful relationship between the goals and graduation and withdrawal. The indications given by the students of their clinical field of employment, their place of employment, and their employer after graduation showed a large number expecting to be staff nurses in a hospital setting and caring for medical-surgical patients. The smaller number who had made other selections did not appear to differ in any way from this major group. Likewise, there was a very small group who indicated they intended to go on for further education, and for those who did, there appeared to be no difference in graduation rate from those who did not indicate a desire for further preparation.

The last question asked if the student intended to work after marriage. The overwhelming majority of women indicated that they did intend to work after marriage, and, of course, about a third of the women were already married at the time they entered the practical nursing program and responded to this question. Only 57 women indicated that they did not intend to work after marriage. In this small number, the withdrawal rate was 36.8 percent, as compared to 22.5 percent for the other women in the study. With this small number of people, it can hardly be considered a conclusive factor.

Working Status

There were several biographical characteristics of the students as identified from the questionnaire completed on entrance to the school of nursing which appeared to be related to whether or not the student was working one year after graduation. In a number of instances, the statistical calculation of the chi-square indicated a significant relationship between these two factors. However, a careful review of the relationships does not necessarily produce a logical interpretation of this material. The data from these will be presented and discussed, but with specific reservations in many instances.

A higher proportion of those who were single, widowed, divorced, or separated at the time of entrance to the nursing program were employed in nursing one year after graduation than were those students who were married at the time of entrance to the program. On the other hand, there was a considerably higher proportion of students who were married at the time of entrance who were working part time in nursing one year after graduation. The highest proportion of those not working in nursing at all was from the group that was single at the time of entrance to the nursing program. Although the difference in the part-time group is quite large, the variation is not readily understood without looking at several other characteristics of these women which will be mentioned later in this chapter (Table 8-16).

Table 8-16. Graduates Working One Year After Graduation by Marital Status Upon Entrance to Practical Nursing Program*

Work Status	Single		Married		Formerly Married		Total	
	No.	%	No.	%	No.	%	No.	%
Full-time	930	79.5	515	72.2	161	80.5	1,606	77.1
Part-time	51	4.4	111	15.6	16	8.0	178	8.5
Not working	189	16.2	87	12.2	23	11.5	299	14.4
Total	1,170	100.0	713	100.0	200	100.0	2,083	100.0

*Excludes 84 students for whom either response was not known.

Another factor which appeared to relate to employment was that of age upon entrance to the practical nursing program. The number of nurses employed full time one year after graduation does not follow any particular pattern related to age. However, the pattern for nurses working part time does. It would appear that the older the student is at the time of entrance to the nursing program, the more apt she is to be employed part time in nursing one year after graduation from the program. However, this is a relatively small proportion until one reaches the age groups of thirty and over where it ranges from about 12 to 21 percent working part time. It also appears that, in terms of those who are not working one year after graduation, there is an inverse relationship with age in that the greatest proportion of those not working in any single age group are the very young and the highest proportion working are those who were forty-five years of age or over at the time of entering the nursing program. It would appear from this that the older a student is upon entrance to a practical nursing program, the more apt she will be to move directly into the labor market and obtain gainful employment in the field of nursing (Table 8-17). It could be presumed, also, that the older person is less apt to have young children that would prevent her from working.

Table 8-17. Graduates Working One Year After Graduation by
Age at Time of Entrance to Practical Nursing Program*

Work Status	Age at Time of Entrance														Total	
	14-17		18-19		20-24		25-29		30-34		35-44		45 and Over			
	No	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Full-time	151	76.6	581	79.5	228	77.0	125	76.6	114	79.2	241	75.0	104	71.7	1,544	77.3
Part-time	8	4.1	32	4.4	16	5.4	19	11.7	19	13.2	40	12.5	31	21.4	165	8.3
Not working	38	19.3	118	16.1	52	17.6	19	11.7	11	7.6	40	12.5	10	6.9	288	14.4
Total	197	100.0	731	100.0	296	100.0	163	100.0	144	100.0	321	100.0	145	100.0	1,997	100.0

*Excludes 170 students for whom either response was not known.

It would appear, also, that practical nurses who had graduated from high school prior to entrance to the practical nursing program would be more apt to be working full time one year after graduation and those who did not graduate from high school before entrance to the practical nursing program would be more apt to be employed part time than those who had graduated from high school. However, this latter factor could very well be influenced by marriage and age. For the most part, those students who entered schools of practical nursing without having graduated from high school were either the 14-, 15-, and 16-year-olds who were taking their practical nursing program as part of their high school curriculum or were those women who were considerably older at the time of entrance to the practical nursing program (Table 8-18).

Table 8-18. Graduates Working One Year After Graduation by
High School Graduation Upon Entrance to Practical Nursing Program*

Work Status	High School Graduate?				Total	
	Yes		No			
	No.	%	No.	%	No.	%
Full-time	1,329	78.8	299	70.9	1,628	77.2
Part-time	121	7.2	57	13.5	178	8.4
Not working	237	14.0	66	15.6	303	14.4
Total	1,687	100.0	422	100.0	2,109	100.0

*Excludes 58 students for whom either response was not known.

The level of family income at the time of entrance to the practical nursing program also appears to be related to whether or not the graduate will be working one year after graduation. As might well be expected, those who come from a family environment where the total annual income was below $2,500 are much more apt to be employed full time in practical nursing a year after graduation. For those who were working part time, the higher proportion came from the higher family income groups. For the group that was not employed in nursing a year after graduation, the higher the annual family income at the time of entrance, the more apt they were not to be working at all a year after graduation (Table 8-19).

Table 8-19. Graduates Working One Year After Graduation by Family Income at Time of Entrance to Practical Nursing Program*

Work Status	Family Income												Total	
	Below $2,500		$2,500-$4,999		$5,000-$7,499		$7,500-$9,999		$10,000-$14,999		$15,000 and Over			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Full-time	258	86.0	453	76.5	421	75.0	171	74.0	104	70.7	33	70.2	1,440	76.7
Part-time	10	3.3	59	10.0	58	10.3	26	11.3	12	8.2	8	17.0	173	9.2
Not working	32	10.7	80	13.5	82	14.6	34	14.7	31	21.1	6	12.8	265	14.1
Total	300	100.0	592	100.0	561	100.0	231	100.0	147	100.0	47	100.0	1,878	100.0

*Excludes 289 students for whom either response was not known.

In looking at the relationship between employment one year after graduation and marital status it appears that the group of women who were married at the time of starting their practical nurse studies, graduated and remained married are most likely to be working one year later. Table 8-20 indicates that 71.4 percent of this married group were working full time and 16.4 percent were employed part time. For the two groups whose marital status had changed: the single at entrance who married, and the formerly married at entrance who remarried, proportions of those employed full time are 55.7 percent and 62.5 percent respectively. Only small proportions of these latter two groups were employed part time, 6.9 and 5.0 percent. The difference in the groups appears most vividly with those who reported themselves as not working. Almost three times as many of the single who married (37.5 percent), and the remarried (32.5 percent), were not working as compared to those married at entrance (12.3 percent). Change of marital status is an influencing factor in whether or not a practical nurse is employed one year after graduation.

Table 8-20. Work Status One Year After Graduation for Married Women Only by Marital Status at Time of Entrance to Practical Nursing Program*

Work Status	Marital Status at Entrance						Total	
	Single		Married		Formerly Married			
	No.	%	No.	%	No.	%	No.	%
Full-time	211	55.7	471	71.4	25	62.5	707	65.5
Part-time	26	6.9	108	16.4	2	5.0	136	12.6
Not working	142	37.5	81	12.3	13	32.5	236	21.9
Total	379	100.0	660	100.0	40	100.0	1,079	100.0

*Includes only married women for whom all responses for these variables were available.

Other Related Responses

In addition to the above characteristics which appear to have some relationship to the work status of these graduates, other responses on the various questionnaires were related to each other and some appeared to have a significant relationship. Again, statistical computations showed a statistically significant relationship with a chi-square between .05 and .01. The graduate nurses were asked if the salary they were receiving for their nursing work met the expectations they had when they chose nursing as an occupation. Responses concerning this question on satisfaction with salary were compared to the mention or not mention of an economic reason for entering the practical nursing program. A comparison of these two items indicates that those who had mentioned an economic reason for entering the practical nursing program were more apt to be dissatisfied with the salary they were receiving a year after graduation than those who had not mentioned any economic reason for entrance. However, it must also be pointed out that only 18 percent of those who responded to this question on the third questionnaire had mentioned an economic reason for entering the practical nursing program (Table 8-21).

Table 8-21. Statement of Satisfaction With Salary One Year After Graduation Related to Statement of Economic Reasons for Entrance to Practical Nursing Program*

Economic Reasons	Satisfied With Salary		Not Satisfied With Salary		Total	
	No.	%	No.	%	No.	%
Mentioned	148	15.8	210	20.2	358	18.1
Not mentioned	791	84.2	832	79.8	1,623	81.9
Total	939	100.0	1,042	100.0	1,981	100.0

*Excludes 186 students for whom either response was not known.

The graduate nurses who were working were also asked if the working conditions met their expectations. Similar to the above, a comparison was made between those persons who indicated that the working conditions met their expectations and the statement about health work experience prior to entering the practical nursing program. Again, only about 13 percent of the respondents to the third questionnaire had mentioned any health work experience prior to entering the school of nursing. Those who had mentioned they had had health work experience prior to entrance to the practical nursing program were more apt to indicate that their working conditions met their expectations and, conversely, there was a larger group who indicated that the working conditions did not meet their expectations who did not make any mention of health work experience (Table 8-22).

Table 8-22. Statement of Satisfaction With Working Conditions One Year After Graduation Related to Statement of Health Work Experience Prior to Entrance to Practical Nursing Program

Health Work Experience	Satisfied With Working Conditions		Not Satisfied With Working Conditions		Total	
	No.	%	No.	%	No.	%
Mentioned	223	14.3	43	10.2	266	13.4
Not mentioned	1,335	85.7	379	89.8	1,714	86.6
Total	1,558	100.0	422	100.0	1,980	100.0

*Excludes 187 students for whom either response was not known.

In these two instances, the relationship is a notable one. However, probably the more important factor is whether or not the salary and working conditions did meet the expectations of all the practical nurses and, as noted in Table 8-21, more than half of the respondents to this question did not indicate satisfaction with salary and over 20 percent indicated that they were not satisfied with the working conditions.

A comparison was made also between the statement made at the time of entrance to the practical nursing program of an intent to seek further nursing education with those graduates who actually indicated that at some time during their first year after graduation they had obtained some type of additional nursing education. The largest group of those who had had any further preparation beyond the practical nursing program during this year were those who had taken some type of short-term course. Many of these courses were offered by the institution employing the nurse and many were offered in the community and the nurse was sent by the employing agency. Also, a large number of these courses related to the administration of medications, which is not always taught in the basic practical nursing program. A small group had also entered a school leading to a diploma which would make them eligible for registered nurse licensure. The actual attendance at an educational program beyond the practical nursing program was significantly higher among the group who had indicated an intent for further education at the time they entered the original practical nursing program. However, there were approximately 70 percent of the respondents to the two education questions who had originally indicated that they intended to go on for further education, whereas only 11 percent of the total number who responded to these questions had actually had further preparation of any type during this first year (Table 8-23).

Table 8-23. Additional Nursing Education in First Year After Graduation by Statement of Intent to Seek Further Education at Time of Entrance to Practical Nursing Program*

Statement of Intent for Further Education	R.N.		Other		None		Total	
	No.	%	No.	%	No.	%	No.	%
Yes	28	90.3	105	88.2	799	68.1	932	70.4
No	3	9.7	14	11.8	375	31.9	392	29.6
Total	31	100.0	119	100.0	1,174	100.0	1,324	100.0

*Excludes 843 students for whom either response was not known.

Looking further at those students who had taken some type of educational program after graduation in relation to their working status, it becomes evident that those who are employed full time in nursing are more apt to be taking courses than either the part-time or not-working group. In this particular instance, 15 percent of the respondents to both of these questions had actually taken some nursing course following graduation from the practical nursing program (Table 8-24).

Table 8-24. Working Status of Graduates One Year After Graduation by Further Education in Nursing*

Further Education	Working Status						Total	
	Full-time		Part-time		Not Working			
	No.	%	No.	%	No.	%	No.	%
Have taken courses	173	17.0	17	13.4	15	8.7	205	15.6
Have not taken courses	843	83.0	110	86.6	157	91.3	1,110	84.4
Total	1,016	100.0	127	100.0	172	100.0	1,315	100.0

*Excludes 852 students for whom either response was not known.

An additional response that was compared was the approximate monthly salaries of the men and women. Here again, there was a significant difference in salary by sex of those persons employed in full-time nursing positions one year after graduation. The median salary for the women was between $201 and $250 per month for full-time employment, whereas the median salary for men was between $251 and $300 per month for full-time employment.

A few men indicated they held two positions. It must also be remembered that the number of men is substantially smaller than the number of women and, although this was a significant difference statistically speaking, the small number of men means it must not be accepted as a conclusive fact (Table 8-25).

Table 8-25. Approximate Monthly Salaries of Practical Nurses
Employed Full Time by Sex*

Approximate Monthly Salary in Dollars	Female		Male		Total	
	No.	%	No.	%	No.	%
0-100	14	0.9	0	0.0	14	0.9
101-200	335	21.5	3	12.5	338	21.3
201-250	500	32.1	3	12.5	503	31.8
251-300	446	28.6	9	37.5	455	28.7
301-350	199	12.8	3	12.5	202	12.8
351-400	54	3.5	3	12.5	57	3.6
Over 400	12	0.8	3	12.5	15	0.9
Total	1,560	100.0	24	100.0	1,584	100.0

*Excludes 583 students for whom either response was not known.

A significant relationship was demonstrated between the director's reason for withdrawal of students and age. Scholastic failure accounted for nearly one-half the withdrawals in the younger group but only one-quarter in the older group. Illness and other reasons (including personal or family problems, financial problems) accounted for over one-half the withdrawals in the older group but one-quarter in the younger group (Table 8-26).

Table 8-26. Students who Withdrew from Practical Nursing Programs
by Age and Reason for Withdrawal*

Withdrawal Reasons	Age					
	Under 30 Years		30 Years and Over		All Ages	
	No.	%	No.	%	No.	%
Scholastic failure	137	47.9	32	25.2	169	40.9
Lost interest in nursing	41	14.3	13	10.2	54	13.1
Unsuited for nursing	32	11.2	16	12.6	48	11.6
Illness	31	10.9	23	18.1	54	13.1
Other	45	15.7	43	33.9	88	21.3
Total	286	100.0	127	100.0	413	100.0

*Table is based on a subsample of 413 students who withdrew for reasons other than marriage or pregnancy.

CHAPTER IX

DISCUSSION AND RECOMMENDATIONS

The three specific objectives of this research project were identified as: (1) Are there certain biographical characteristics which relate to the student's probability of completing the practical nursing program and working in the kind of position for which she prepared? (2) Are there certain stated reasons for choosing nursing, particularly practical nursing, that relate to the student's probability of completing the program and working in the kind of position for which she prepared? and (3) Does the occupational goal stated by the student at the time of entrance relate to her actual completion of the program and the actual employment in which she engages? In addition to the responses to these questions, this project has allowed for the compilation of an enormous amount of material about students entering practical nursing programs, those who graduate and withdraw, and those who are working a year after graduation.

Descriptive Material

As in most types of nursing programs, practical nursing students are predominantly female. However, with regard to their other characteristics, they are more typical of vocational education students in general than they are of other types of nursing students. Approximately half of the students are over twenty years of age at the time of entering nursing school and about a third of them are married.

Over three-fourths of these students have graduated from high school. For those who graduated from high school, the academic standing of about two-thirds was in the average group of the graduating class. For the most part, the students do not come from homes in which the parents have been engaged in nursing or other medically oriented occupations.

Although the U.S. population ratio of Negroes to other people is approximately 12 in each 100, the proportion of Negroes to other races in practical nursing programs is slightly less than 1 to 5. In the southern region of the country where the Negro population is considerably higher, over one-fourth of the students in the practical nursing programs indicated they were Negro.* The number of practical nursing students with a religious or church affiliation of Roman Catholic is approximately the same as that for the general population. The annual family income for practical nursing students is slightly below that of the national distribution.

As for the entire sample in this study, approximately 77 percent indicated white as their ethnic group and 18 percent indicated Negro. For religion, approximately 67 percent were of non-Roman Catholic Christian denominations, with approximately 29 percent Roman Catholic. For the reported annual family income, 43 percent of the students reported less than $5,000 annually, with 67 percent reporting less than $7,500 annual family income.

All of these characteristics of the students varied considerably by area of the country. This variation is in keeping with the findings reported in various localized studies. For instance, Bertrand and Souza reported in Louisiana that 78 percent of the students were twenty-six years of age or more.[1] Mayer also reported from California that 78 percent of the students were between the ages of twenty-five and fifty-four.[2] However, Boyd reported that 75 percent of the graduates of that school in South Dakota were age twenty or less at the time of graduation.[3] The other characteristics seem to show similar variances by region in this study and also by locality as shown in the results of many of the studies cited in Chapter II. Although Bertrand and Souza indicate from the findings of their study, "In planning facilities and curriculum, the needs of the married woman in her middle years, with less than high school education, should be kept in mind," this is not necessarily true in other areas of the country.[4] It would appear that it is necessary to assess the particular locality in which a school is going to be located before the facilities are planned. Presumably, there would be many factors in the locality which would affect the drawing power of these programs in terms of individual student characteristics. Not the least of these would be the salaries and openings for practical nurses and also the other types of occupations and educational programs for the various age groups that already exist in the community; also, the opportunities available for the minority group population. This, perhaps, would be particularly true in terms of the older group in the minority population who did not have the opportunity for a good high school education and for those where job opportunities have been limited until recent years.

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*NLN Region III (Southern) Ala., Ark., Fla., Ga., Ky., La., Md., Miss., N.C., Okla., Puerto Rico, S.C., Tenn., Tex., Va., W. Va.

Although it is extremely difficult to identify statements by students that are "idealistic reasons for wanting to study practical nursing," certain reasons were stated by many students that might possibly be included in this category.[5] One of these in particular was a reason which indicated "to help---" Sixty-seven percent of the students indicated that they wished to help others. This was the most common single reason for entering practical nursing. No other specific category was included by even 20 percent of the respondents. The other responses which might possibly be classified as an idealistic reason were those that mentioned some spiritual experience or dedicated concern which motivated them to choose practical nursing as a career. However, this amounted to only about 5 percent of the students entering the programs.

A very common statement made by the entering students that was not classifiable in any other way was that they had always wanted to be a nurse. This response was offered by approximately a fourth of the entering students. As far as age was concerned, a fairly wide range gave this response. Presumably, in a younger group, this indicates a continuation of the childhood desire to become a nurse. Perhaps in the older student, this indicates that it is not necessarily a childhood desire, but one which she would like to have fulfilled at an earlier age, perhaps when she graduated from high school. In a few instances, it is the response of a student who had entered nursing school on graduation from high school and for some reason had not completed the program. Now, after other experiences in life, she is returning to continue her education to make the occupation of nursing her career.

For the person the student named as influencing her choice of occupation, there was no single outstanding person, but the largest group, about 30 percent, merely indicated a friend, an acquaintance, or a person of unidentified relationship to the student and about 27 percent indicated a person of unidentified occupational grouping. Because of these two items, the largest number of people mentioned by these entering students could not be identified specifically in the categories that were being used. In terms of the identifiable groupings of the persons who influenced the students entering practical nursing, the medically oriented person is the most commonly mentioned. This accounts for approximately 35 percent of the persons mentioned with the nurse and nursing student accounting for 25 percent and the doctor and other medically related persons accounting for the additional 10 percent.

Studies related to choice of nursing school have not included this particular type of information previously. However, many people have conjectured that a person of the same occupation is perhaps the best recruiting person for a given occupation. There is certainly some evidence in the responses of these students that would indicate that this is so. Of course, one thing that is not obtainable from the data in this study is at what point the nursing or medically oriented person came in contact with the potential student who was making a decision. Whether or not the potential student sought out the person who would be familiar with the occupation in order to make a more realistic choice herself or whether the medically oriented person sought out the potential students and encouraged them to enter the occupation is not known. It would appear from the findings in this study that this area would be worth continued study. With the problems in recruitment of the needed manpower in the nursing field, further study of this area might well assist in the recruitment of additional personnel to this occupation.

The occupational grouping that was mentioned by only 10 percent of the practical nursing students, that of teacher or counselor, is perhaps more a function of the age group of these students than of the activity and influence of counselors. It is very possible that the students who were no longer in high school at the time they made their choice to enter practical nursing school did not have the opportunity to communicate with a teacher or counselor. In some instances, the counselor mentioned by students was one from a welfare agency or a community service of some type.

The reasons stated by students for the choice of practical nursing cluster about three items which reflect the nature of the program, as compared to other nursing education programs. These are the three statements indicating preference for a shorter program, financial reasons, and entrance qualifications. Not such a common response, but perhaps of the same general grouping, would be the reference to age. In many instances, these reasons were given in pairs by the students; in other words, because of their age, they preferred a shorter program. Because of financial reasons, they needed a shorter program. Because of their age, they did not have the entrance qualifications. All of these appear to be related. The other item which also appears to a great extent related to these reasons is the general personal group of responses. This particular group also indicated family responsibilities that required that they take a short or inexpensive program. While these reasons were not cited by a large number of students, all except age amounted to between 17 and 20 percent of the entire group.

Students stating a reason for the choice of the particular school overwhelmingly mentioned the school's location. This mention of location referred to the convenience of the school for half of the students entering the programs. Another 10 percent indicated some factor about the school's specific location or the fact that it was the only one available to them. This brings a total number of students influenced by the location to over 60 percent. Another common reason but one that is difficult to make any inferences from in any way is the statement that it was a good school, a good program, or that it was highly recommended. This accounted for approximately 55 percent of the respondents.

The reasons that the entering practical nursing students stated for not choosing other types of nursing programs which led to licensure as an R.N. encompassed the same general type of thinking. In many instances, there was reference to age, finances, and length of the program as well as entrance qualifications. In each instance, about 15 percent of the students indicated they did not know what a baccalaureate, diploma, or associate degree program was. Since this terminology is probably not understood by many outside of the field of nursing, it might be presumed that it was the terminology, rather than the fact that these programs led to a different type of licensure and occupational role, that were actually unknown to the student. It seems highly improbable that this number of students did not know of the existence of programs leading to R.N. licensure. In each instance, a small number of students, approximately 3 percent, indicated that they might attend one of these programs at some later date. A response that appeared occasionally indicated that the student preferred to take the shorter program to determine whether or not she was interested in nursing as an occupation before she embarked on the longer, more expensive, and time-consuming preparation to become a registered nurse. However, this response was not frequent enough to indicate separate tabulations.

It would appear that the responses of the students for their reasons for choosing this particular type of program and not choosing another type of program are very much in keeping with the reasons for students entering vocational educational programs in general. The largest single grouping of these students appears to be those who do not have entrance qualifications for more academic programs and also wish to prepare for a gainful occupation in a school which is convenient for them to attend, which is short in length, and which will call for little or no outlay of money. Many also indicate that this is an occupational area in which it will not be difficult to find employment at any time they need it. It is mentioned frequently as a type of insurance against hard times, rather than an absolute necessity for immediate gainful employment. This grouping of reasons presumably reflects the attractiveness of this career to the older married woman.

For the most part, the entering students indicated that they intended to work as a staff nurse in a general hospital following graduation. Approximately two-thirds indicated that they intended to work after marriage or continue to work if they were already married. However, nearly this entire group, indicating an intention to combine marriage with their occupation of nursing, qualified this statement in some way. It is quite obvious that many of them felt their work life would depend solely on conditions surrounding their family life. A very common response related to the need to work for additional income beyond the husband's, the need to support the family in any period in which the main wage earner was unable to contribute to the family because of death, illness, or educational responsibilities, or the work periods appeared to depend on the needs of children in the home. This latter qualification appeared to be the most common of all. The majority of those who indicated that they would work after marriage said there would be a few years in which, because of small children in the home, they would not work at all. However, they did indicate that this would merely be a temporary interruption to their work in the field of nursing, rather than a permanent cessation.

In talking about the future, 45 percent of these men and women indicated that they planned or hoped to go on for further education after graduation from the practical nursing school. However, this particular interest in further education was not qualified to any great extent. It is not possible to tell from the responses of these students whether they were indicating short courses to continue to keep up to date and fully prepared in their own field of practical nursing or whether this indicated formal education at a higher level either in nursing or in some other field. It appears, however, from the responses of these students one year after graduation that the most common response perhaps indicated that the student would take short course work either in inservice education programs or in continuing education programs that would enhance her value and consequently her income as a practical nurse. At the point one year after graduation, there was no indication that a large number of them might have meant any further type of extensive academic preparation either in nursing or some other area.

The married student did tend to have a higher graduation rate than either those in the single or the formerly married group. However, there is a factor entering in this study of national scope which perhaps influences this withdrawal rate to a certain extent - the few high school programs included in the sample. In many instances, these high school students selected this occupational preparation at the age of fourteen or fifteen. This group of younger students tend also to be those who find academic high school preparation not to their liking or not in keeping with their ability. There are presumably many influences at work, rather than an actual preference for nursing as an occupation in the selection by these fourteen- and fifteen-year-olds.

Although Bertrand and Souza reported a relationship between age and withdrawal, it must be remembered that their study included 78 percent who were twenty-six years of age or more, and it did not include any high school programs. The programs referred to in their study were designed entirely for adults, although high school graduation was not a prerequisite for entrance.[6]

In the Florida study, in which the students were of a younger age group, the investigators indicated a relationship between age and withdrawal or graduation. The fact that their study also included no high school programs would add to the probability that this extremely young age group included in the Career-pattern Study affected the relationship to some extent.[7] It would appear from the findings of this study and particularly in relation to the findings of other studies that the high school student in the vocational program leading to practical nurse licensure requires special study. Although many career-pattern studies have shown that an occupational choice made at this early age can hardly be considered a permanent choice, other studies have shown that students entering schools of nursing have tended to make their choice of nursing as an occupation as early as their junior high school days.[8] However, these latter studies have been confined to students entering programs leading to licensure as a registered nurse. The literature does not seem to contain any studies of depth related to the choice of practical nursing as an occupation.

Another item of considerable interest and significance in relation to graduation and withdrawal are the reasons for withdrawal as related to marital status and age. In the Career-pattern Study, the young, single student who did not graduate made up a high proportion of the withdrawal due to scholastic reasons. Although the graduation rate was higher in the older, married student, those who did withdraw appeared to withdraw for family and personal reasons, rather than scholarship. This finding, too, is in keeping with some of the other studies that have been reported. In the Bertrand and Souza study, in which the most common reason for withdrawal was that of family responsibilities, the age grouping of the students was predominantly older - over twenty-six years of age.[9] Contrary to this, the other studies reporting younger students showed that ability to meet the scholastic requirements of the program was the largest reason for withdrawal.

In comparing withdrawals as related to the ethnic group in the Career-pattern Study, the minority groups, including the Negro, had a higher withdrawal rate than those who had responded they belonged to the white group. This is not in keeping with the findings of Bertrand and Souza in the Louisiana study.[10] Here again, it must be remembered that other factors might well have influenced this withdrawal rate in the Career-pattern Study. Again, the proportion of Negro students in high school programs is higher than that in general for the adult programs. Other factors influencing the entrance in the nursing major in high school may well be involved here, rather than the ethnic grouping. Factors related to the local community and the possible job opportunities for people with training other than nursing may also have influenced the graduation and withdrawal rates. Factors related to job opportunities for the highly motivated, better educated Negro in Louisiana at the time of that study might well have been an influencing factor in the graduation rate reported. Here again, there is strong indication that many local factors that would need to be studied separately have influenced the rate of withdrawal and graduation in the various programs.

Although it is not possible to identify the meaning of the term "idealistic reasons for wanting to study practical nursing" as mentioned in the League study reported in 1954,[11] a significant statistical relationship was demonstrated between the expression of spiritual or dedicated commitment to nursing and graduation and withdrawal in the Career-pattern Study. All that can be derived from these findings is the necessity for considerable study in order to identify a more accurate means of evaluating expressions of spiritual or dedicated commitment to nursing.

If the expression of wanting to help others can also be considered an "idealistic reason," this particular response in the Career-pattern Study did not appear to be related to graduation or withdrawal.

Students who mentioned the guidance counselor as the most helpful person in choosing nursing showed a high withdrawal rate. This should be investigated further as it would appear to be out of keeping entirely with the function and purpose of guidance counseling. Of course, there is no information in the Career-pattern Study that indicates the background or preparation of the particular guidance counselor to whom the student is referring. Neither has the age grouping of the persons mentioning a guidance counselor been identified. However, this finding would indicate that an extensive investigation of the relationship of the guidance counselor to the entering practical nursing student would be warranted. Inasmuch as practical nursing is a relatively new type of educational program across the country, perhaps adequate information is not available to guidance counselors for their use. It would be very interesting to know if guidance counselors are recommending entrance in practical nursing programs because of factors of availability, probable job security, and relative assurance of admission upon application, rather than an actual matching of the interest and potential of a student with the demands and the satisfactions of the practical nursing occupation. The probability of this is strengthened by the fact that the occupational groups who influenced those students to enter practical nursing who had a high graduation rate were the groupings that appeared either to understand the commitment (the clergy and God) or those in which their own occupation gave them a full knowledge of the demands and satisfactions of the practical nurse.

Variations in Working Status

The working status as reported one year after graduation from the practical nursing program is related to marital status reported on entrance to practical nursing programs. If the student was married at the time of entrance, she is more apt to be employed, but a larger proportion are working part time than of those who were not married at the time of entrance. If she was single or formerly married at the time of entrance to the school of nursing and employed, she is more apt to be working full time. However, in terms of some contribution to the labor market one year after graduation, the same situation remains as did for graduation and withdrawal. That is, if a student was currently married at the time of entering the practical nursing program, she is more apt to be working than those who were single at the time of entrance to the program.

The effect of marital status on working status cannot be divorced from the item with regard to age on entrance to the practical nursing program, and here again, it appears that the older a student is on entrance to the practical nursing program, the more apt she is to be employed on a part-time basis one year after graduation. No doubt this is related very closely to the factor of marital status. There appears to be no evidence in the literature that this particular factor of contribution to the labor force after graduation has been studied carefully.

The information reported by Boyd indicates that approximately 80 percent of the respondents in that study were employed.[12] It must be remembered that her study includes a group of graduates ranging from one to five years after graduation. Although the contribution to the labor force is approximately the same as found in the Career-pattern Study, the proportion of those employed full and part time is considerably different. Although Boyd found that approximately half of those working were employed full time and the other half part time, in the Career-pattern Study approximately 90 percent of those who were employed one year after graduation were employed on a full-time basis. Boyd's findings also indicated that about 63 percent had held only one job since graduating - over a period ranging from one to five years. The Nurse Career-pattern Study indicated that 62 percent of the employed graduate nurses had remained in the same job for the first year after graduation. During this same period of time, approximately 22 percent had made just one change in employment.

It would appear from the findings in the Career-pattern Study that the major contribution to the work force at least for the first year following graduation from practical nursing school is certainly confirmed. Although no attempt was made to determine the location of these positions, it would appear that this group does show indications of making both a major contribution and a stable contribution to the work force. Presumably, since well over half of this group are married at the time the employment data were obtained, marriage does not tend to remove this group from the labor force in any great numbers. The findings indicate that students who were married before graduation from the practical nursing program, including those married on entrance, are considerably less apt to have changed their position during this first year than those who were married after graduation from the practical nursing program.

The most common reason mentioned first for changing position is the location. A large group of these had actually moved their domicile and therefore could not continue working in the same place that they had before. No evidence was obtained to confirm the probability that many of these moves might be related to their husbands' job-related needs.

One item perhaps that requires specific consideration, even though it was not the most common reason for change of position, is that with regard to working conditions. Including both the first and the second reasons for the first change of position for practical nurses during that first year after graduation, about 14 percent mentioned working conditions. Although the previously cited studies do not carry any information with regard to this same subject, this response is in keeping with much of the information that appears in the popular communications media today. The working conditions that were cited as undesirable and causing the change were such things as "hospital staffing inadequate," "too much tension on the job," "resentment between R.N. or other staff and L.P.N.," "too much responsibility," and "level of care poor." These are very similar to the adverse working conditions that have been reported in the communications media and give evidence that a fair sized proportion of practical nurses actually do consider this an important reason for change of position. Here, again, this appears to be local and may well be a deciding factor in terms of the rate of actual employment of the graduates of practical nursing programs in various localities.

Unlike the study from the Shapero School of Nursing, there was no evidence in the Career-pattern Study that previous work experience related to nursing has any relationship to working status a year after graduation.[13] The only factor which did appear for the group that had had previous working experience related to nursing was that of satisfaction with working conditions. It would appear that those who had worked in a field related to nursing prior to entrance to practical nursing school were less apt to indicate dissatisfaction with working conditions. This may result from the fact that they have become inured to the working conditions by having been in them before and not been dissatisfied with them or that they enter practical nursing school with a much more realistic idea of the occupation and the agencies in which they will presumably be employed after graduation.

It seems evident from the findings in this study that the working conditions as a cause of turnover could well stand further investigation.

The monthly salaries that were reported by the practical nurses who were working full time one year after graduation covered a very wide range. Some of the upper range, particularly those over $400 a month, might be accounted for by the fact that several of the practical nurses did indicate that they were employed in more than one job. Some of the very low grouping, particularly those with a monthly salary under $100, could very well be accounted for perhaps by some of the nurses not reporting the equivalent of some fringe benefits. An instance of this might be if room and/or board were provided free for the working practical nurse, then the actual cash salary could well have been reported as less than $100 a month. Since the group that reports an approximate monthly salary of less than $100 is less than 1 percent of the entire group responding, it has little effect on the total results, even if this small group of responses are not valid.

The median monthly salary reported by these practical nurses is in the range $201 to $250. Inasmuch as the majority of these responses were received in 1964 and a very few in 1965, this appears to be in keeping with the only report of salaries found in comparable literature. Tomlinson and others in their report of practical nursing in Illinois indicate that the average monthly starting salary in 1964 was $251.[14] They did indicate that there was a considerably higher salary paid in Chicago and the surrounding counties than that in the more remote districts of the state.

Although the question related to satisfaction with salary was worded in such a way that it asked if the salary met the expectations that they had had when they chose nursing as an occupation, it would be difficult to assume that the question had actually been answered in that light. It is highly probable that the question may have indicated simple satisfaction or dissatisfaction with the salary at the time the question was asked. It appears from the data that those who specifically stated that one of their reasons for entering the practical nursing program was economic in origin, later stated a dissatisfaction with the salary received the year after graduation. In light of the actual salaries reported by these practical nurses, it would seem that if the person had any type of steady employment prior to entering the practical nursing school, she has not necessarily bettered her economic status by obtaining employment in an occupation in which the median salary was between $200 and $250 in 1964 or 1965 when she reported that salary.

Because of the manner in which the questions were asked and the responses were given to questions regarding economic motivation and satisfaction with salary and actual salary, it is really not possible to draw any specific conclusions from the information obtained in the Nurse Career-pattern Study. However, it does appear from the information that was obtained that this is an area which should well be investigated. The findings in this study are also in keeping with those of Mayer's study.[15] In looking at the specific community in which the students in her study were living, Mayer questions whether the beginning salary for vocational nurses is adequate for a person in a position that requires a full year of technical or vocational training prior to work. A thorough investigation of the salary of the practical or vocational nurse in a given locality might well reveal a real stumbling block to recruitment of practical nurses for employment. If it is possible for the same person to get a job of equal or higher salary with little or no vocational training, it is understandable why men and women would hesitate to embark on a full year's training for a low paid position.

Conclusions and Recommendations

The large sample in breadth of information of this study makes it most useful as it serves as a baseline of information about practical nursing students and practical nurses. It presents a national picture which is representative of the nation as a whole, but it also shows strong evidences of local variations. These data should be used as a guide only for generalizations pertaining to the nation. Similar local studies should be done to check comparability of findings before these data are used to guide planning in any local area.

1. The findings in this study indicate that there are some biographical characteristics which are related to graduation from the practical nursing program. A composite picture of the person most likely to succeed in school would be:

   > A woman, over 25 years of age, who shows signs of stability, modest ability, and need. Married, she is feeling a commitment to devote herself to the welfare of others, is of average intelligence and high school accomplishment, and is a member of the lower middle income group. She may have been influenced in her choice of occupation through contacts with others in the nursing-related occupations.

2. The findings of this and related studies also indicate that factors related to the location of the school have a considerable influence on both recruitment into the program and graduation from it. The extent of influence of these local factors may vary with time. Certainly, the nature of the vocational opportunities available to the older woman will affect the recruitment.

3. The community must offer an opportunity for steady employment under conditions that will enable the practical nurse to make a real contribution to her community, that will allow her to continue to fulfill her responsibilities as a homemaker, and that will provide an income that will be a meaningful supplement to that of her husband.

4. Schools and places for educational clinical experience and later employment will need to be convenient in location to the homes of the students and workers. In areas of concentrated population, transportation must be inexpensive and easily accessible. In areas of lesser population, schools will presumably draw from a very limited population because of lack of easy transportation.

5. Although no specific question elicited a direct answer, working with the responses of the women who completed the practical nursing programs leaves one with an impression of the following specific type of person:

   > A practical nurse is a woman who chooses an occupation in which she can make an important though modest, but meaningful, contribution to her community and where her contribution will be respected and reasonably compensated. However, her occupation will always be of secondary importance to her home responsibilities, particularly those related to her children.

6. The mature married woman who becomes a practical nurse is apparently a responsible, stable, and dependable employee. Although she may not work in a full-time position, she makes a definite, continuous contribution to the work force, provided family responsibilities do not interfere and working conditions are acceptable.

7. Appreciation of the needs and role of the mature student should not, however, overshadow the fact that there are younger students, often in high school, also studying practical nursing. Data of this study point to the fact that the high school practical nursing student presents some unique problems. There is a need for a better understanding of a young girl's motivation and interest in choosing nursing in high school. Data also indicate the necessity for help for the student during high school in maintaining

satisfactory academic achievement. High school programs offering practical nursing to teenagers need careful depth study in terms of recruitment into nursing, guidance throughout the program, retention in the program, and formulation of career goals.

8. Recruitment of practical nursing students needs considerable study. The findings indicate a need particularly to investigate the role of the guidance counselor. A study should be made of information available to and used by guidance counselors in relation to practical nursing. Also, a study is needed to determine availability and use of guidance facilities by the out-of-school, mature woman.

9. An educational institution should establish a program and determine policies only after careful study of the local community. Three factors are vital in determining educational policies related to students: potential of the population for recruitment of qualified students; the work opportunities available both in nursing and in competitive occupations; a suitable location for the program in terms of the student potential.

10. Working conditions for the practical nurse should be investigated carefully by each institution or agency. Of particular importance are the questions: Are the roles and responsibilities in keeping with the preparation she has received? If not, why not? Is she accorded the proper respect as a contributing member of the nursing staff? Is her salary in keeping in that community with positions requiring comparable preparation and skills?

11. The number of men in this occupational group is so small that it is not feasible to plan educational programs or working situations with the needs of this group in mind. Although the few men appear to make a definite contribution, the sparse number precludes any recommendation pertaining to men. It might be presumed that the limited income possibilities of the practical nurse as well as the female image of the nurse in the American culture combine to limit the attractiveness of this occupation. It may well be that only economically depressed areas can expect to recruit any sizable number of men. A study of the factors which prevent men from choosing practical nursing as an occupation might indicate a way to change this situation.

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[9] Bertrand and Souza. Op. cit.

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APPENDIX A

CORRESPONDENCE AND QUESTIONNAIRES FOR DATA COLLECTION

nursing services — nursing education — citizen participation

NLN

national league for nursing, inc.

•10 COLUMBUS CIRCLE, NEW YORK, N.Y. 10019
AREA CODE 212
•JUdson 2-1022

The Research and Studies Service of the National League for Nursing has planned a long-term study of career patterns of nurses. It is an intensive study of the characteristics of students entering the four types of initial nursing programs, their career aspirations and ultimately, their careers. The data will be collected by means of questionnaires to be completed by students in schools of nursing and by these same men and women at several intervals later in their careers.

The sample of students to be included in the study has been determined by random selection of schools from the 1961 State-Approved Lists. It is planned that all students entering the selected programs in the fall of 1962 will be included in the study. You will be happy to know that your school is one of those included in the sample. We are sure you will be interested in participating.

The enclosed form indicates the cooperation that is needed in administering questionnaires. Would you please return it to us in the enclosed envelope. The study staff will in turn supply you with the tabulations of the answers from the students in your school, together with the tabulated results from the total sample of each of the four types of programs. Later tabulations regarding the eventual careers of these students will also be sent to you for the duration of the study.

Enclosed is a summary of the total study. To date, funds are available only for the portion of the study pertaining to students entering programs in 1962. If funds are obtained, the part of the study pertaining to previously graduated classes will be started in 1963.

We hope that you will be able to participate in this study. We feel it is of extreme importance at this time to provide direction for the future of nursing education and for the recruitment activities of the coming years.

Sincerely yours,

Barbara L. Tate
Assistant Director
RESEARCH & STUDIES SERVICE

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CPS-1

"...that the nursing needs of the people will be met."

PLEASE RETURN IN THE ENCLOSED ENVELOPE

Name of School ______________________________

Name of Director ______________________________

Please read each statement carefully and fill in the spaces with the appropriate information.

1. We wish to participate in the long-term career-pattern study.

2. We expect to admit ______ (no.) students to the nursing program on ______________ (date) and can administer the initial questionnaires within one-two weeks of the date of admission (time required approximately 30 minutes).

3. We expect this class to complete the program approximately ______________ (date), 196__ and can administer a second questionnaire within approximately one month of the completion date (time required approximately 20 minutes).

4. We will assist the study staff in as much as possible in keeping up-to-date addresses of these students after graduation.

5. We graduated a class of students in the years as checked.

   1962______
   1958______
   1953______
   1948______

6. If the study is extended to include career-pattern information from these earlier classes, we will provide up-to-date addresses for graduates of the years checked in number 5 above, in as much as possible.

Signed ______________________________

Date ______________________ Title ______________________________

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NURSE CAREER-PATTERN STUDY

The specific aim of this study is to obtain more definitive information than is otherwise available about the characteristics and the contributions to the health field of the graduates from the various types of initial nursing programs.

Specific questions to be answered:

1. What do the students state as factors contributing to choice of the type of initial program?
2. Are there specific social characteristics of the students which differ by type of program?
3. Do the stated reasons for choosing nursing and a particular type of program differ between students who complete the program and those who do not?
4. What are the stated occupational goals of the entering students in each type of initial program in nursing?
5. What are the occupational roles of the graduate nurse from each type of initial program, one, five, ten, and fifteen years after graduation?
6. To what extent do the stated occupational goals of the nursing students at time of entrance coincide with the eventual occupational role, one, five, ten, and fifteen years after graduation?
7. To what extent do the stated factors that contributed to choice of program relate to the eventual occupational role of the graduate nurse?
8. To what extent, if at all, do the career patterns of the graduates of each type of program change over a fifteen-year period?

Procedure:

All of the data will be collected through a series of questionnaires from a sample of initial nursing programs and all of the graduates of specific classes in those programs. The sample of programs will be chosen from the list of those having state-approval as of October 1961.

In essence this is four separate studies, one for each type of program. The sample size for each type of program was determined independently.

All the students in the class entering each program in fall of 1962 will be followed for fifteen years after graduation. Approximately 1,500 graduates each of baccalaureate and associate programs and 3,500 each of diploma and practical nursing programs will be included. A loss of 40-60% of the nurses in the sample is anticipated for the full fifteen years.

In addition to the classes entering in the fall of 1962, graduates of the classes of 1962, 1958, 1953, 1948, will be queried as to career pattern only. The inquiries will be made as follows:

Class graduating:	: Questionnaires sent in:
1962	: 1963, 1967, 1972, 1977
1958	: 1963, 1968, 1973
1953	: 1963, 1968
1948	: 1963

Some career pattern data from graduate nurses will then be available for publication early in the study and will also be held for later comparisons to show trends.

Significance:

This study is expected to provide information useful to both educational programs and service agencies. It should be most important as a guide to the future of nursing education. It will be particularily useful in the recruitment activities both for initial educational programs and for nursing service positions.

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NATIONAL LEAGUE FOR NURSING 7-
Research and Studies Service 8-
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CAREER-PATTERN STUDY 11-

12-
13-
14-

Name:______________________ Female ☐ Male ☐ 15-

Permanent Address:______________________ Mar. ☐ Single ☐ Widow. ☐ Div. ☐ Sep. ☐ 16-

______________________ 17-
No. of Children:____ 18-

Date of Birth:____________ Birth Place:____________ 19-
20-

21-
22-

Size of community in which you lived while attending high school:

Rural 20,000 -- 49,999___
Less than 2,500___ 50,000 -- 99,999___
2,500 -- 4,999___ 100,000 -- 249,999___ 23-
5,000 -- 9,999___ 250,000 -- 1,000,000___
10,000 -- 19,999___ Over 1,000,000___

High School which you last attended:______________________ 24-
25-
City:__________ State:__________

Did you graduate from high school? Yes__ No__ 26-

What was your academic standing in the graduating class?

top fourth__, second fourth__, third fourth__, bottom fourth__. 27-

Size of graduating class: 1 -- 49 200 -- 299 28-
50 -- 99___ 300 -- 500___
100 -- 199___ Over 500___

Did you previously attend any other school of nursing? Yes__ No__ 29-
30-

Name of school:__________ City:__________ State:__________

Is father living? Yes__ No__ 31-
32-
Father's country of birth:______________________ 33-
34-
Father's occupation:______________________ 35-
36-
employer:______________________ 37-

Highest number of years of school he completed (circle appropriate no.):

under 8, 8, 9, 10, 11, 12, 13, 14, 15, 16, over 16 38-

39-
Is mother living? Yes__ No__

Mother's country of birth:______________________ 40-
41-

Mother's present occupation if employed:______________________ 42-
43-
employer:______________________ 44-
45-

Highest number of years of school she completed (circle appropriate no.): 46-

under 8, 8, 9, 10, 11, 12, 13, 14, 15, 16, over 16 47-

How many brothers do you have?____ How many sister do you have?____ 48-
49-
How many of them are older?____ How many are younger?____ 50-
51-
52-
53-

Race: White___ Religion: Roman Catholic___ 54-
Negro___ Protestant___ 55-
Oriental___ Jewish___ 56-
Other (specify)________ None___
Other (specify)________ 57-
58-

Approximate annual total family income at time of entrance to school of nursing: 59-

2522
Below \$2,500___ \$10,000 -- 12,499___ 5-
\$2,500 -- 4,999___ 12,500 -- 14,999___ 6-
5,000 -- 7,499___ 15,000 -- 17,499___
7,500 -- 9,999___ 17,500 -- 19,999___ 7-
Over \$20,000___ 8-
9-

What were your reasons for choosing nursing? 10-
11-
12-
13-
14-

15-
16-
17-
18-
19-
20-
21-
22-
23-
24-
25-
26-
27-

When you think of the future, what kind of nursing do you see yourself doing?

What person was most helpful to you in making the choice of nursing (for example: guidance counselor, aunt who is a nurse, family doctor, etc.; do not give names)? 28- 29-

30- 31-

What were your reasons for choosing a Practical or Vocational Nurse Program? 32-

33- 34- 35- 36- 37- 38-

What person was most helpful to you in making the choice of program? ______________ 39-

40-

What were your reasons for choosing this particular school? 41-

42- 43- 44- 45- 46- 47- 48-

Why did you not choose a Baccalaureate Degree Program? 49-

50- 51- 52- 53- 54-

Associate Degree Program? 55-

56- 57- 58- 59- 60- 61-

Diploma Program? 62-

63- 64- 65- 66- 67- 68-

Check the clinical field in which you now think you would like to work at the four times listed: 69-

2523

	1 year after graduation	5 years after graduation	10 years after graduation	15 years after graduation
Medical Nursing				
Surgical Nursing				
Maternity Nursing				
Child Nursing				
Psychiatric Nursing				
General Nursing				
Health field, but not nursing (specify)				
Other (specify)				
Undecided				

5- 6- 7- 8- 9- 10- 11- 12- 13- 14- 15- 16- 17- 18- 19- 20-

Check the type of employer for whom you now think you would like to be working at the four times listed: 21-

	1 year after graduation	5 years after graduation	10 years after graduation	15 years after graduation
Hospital				
Nursing Home				
Public health agency				
School (school nurse)				
School of nursing (teaching)				
Industry				
Individual (private duty)				
Doctor, dentist, etc.				
Other (specify)				

22- 23- 24- 25-

What type of positions do you wish to have at the following four times: 26-

	1 year after graduation	5 years after graduation	10 years after graduation	15 years after graduation
Staff nurse				
Private duty nurse				
Head nurse				
Supervising nurse				
Teacher of nurses				
Administrator of nursing				
Consultant in nursing				
Researcher in nursing				
Other (specify)				

27- 28- 29- 30- 31-

Do you plan to do nursing work after marriage? 32- 33- 34-

Do you now plan to seek further educational preparation in nursing after graduation from this program? 35- 36-

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CPS-4

NATIONAL LEAGUE FOR NURSING
Research and Studies Service

CAREER-PATTERN STUDY

Directions for Administering First Questionnaire to New Students

1. Give to each entering nursing student one questionnaire and one return envelope. Ask each student to fill out the complete four-page questionnaire. When the questionnaire is completed, have each student fold the questionnaire, place it in the envelope, seal the envelope and return it to the proctor. The proctor should mail the envelopes from all students at one time.

2. The school records probably contain much of this information; however, we would prefer that none of the faculty look at the complete questionnaires and that the students know that the questionnaires will be returned to us in the sealed envelopes. Tabulations showing the total class picture will be sent to you, and later tabulations of the total sample will be sent to you so that you can compare the students in your school with the students in the total sample.

3. Permanent address is that address at which the student makes his home--presumably that of parents, guardian, husband, wife, or some other relative who would always know the whereabouts of the students for receipt and/or forwarding of mail.

4. For questions calling for population, age, grade, class size, and family income, an estimate should be checked rather than left blank if exact figure is not known.

5. For questions pertaining to brothers and sisters, include all who lived beyond infancy even though not now living.

6. If the students do not know what an associate degree, a baccalaureate or a practical or vocational nurse program is, please do not explain. Have them answer "Do not know what this means."

7. If the students ask questions about clinical fields, employing agencies, or types of positions, please do not give any answers except to ask the students to answer the questions as best they can.

8. The answers to the questions about work after marriage and further educational preparation can be Yes, No, Undecided, Maybe, or If -- with qualifying circumstances described. If already married, the answer will no doubt be yes, but some qualifying statement may need to be added.

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nursing services — nursing education — citizen participation

NLN

national league for nursing, inc.

• 10 COLUMBUS CIRCLE, NEW YORK 19, N.Y.
AREA CODE 212
• JUdson 2-1022

Thank you very much for your willingness to participate in the Nurse Career-pattern Study. We have received completed questionnaires from the entering students in your program. Enclosed is a list of the students' names, and the numbers that will be used to identify each student for the duration of the study. If there are any errors in the names of these students, we would like to be informed. According to our records questionnaires have not yet been received. Would you please follow up on these for us?

The infomation you sent to us indicated that this class will complete the entire program . Approximately , you may expect to receive the second set of questionnaires for these students to answer before completing the program. This questionnaire will probably be shorter than the first, but will be administered in essentially the same manner.

Tabulated data for the students from your program will be sent to you when it is available. At the same time, tabulated data for the entire sample of programs will be sent to you for your information. It will be at least eight to twelve months before this information can be compiled.

We appreciate your cooperation in this study.

Sincerely,

Barbara L. Tate, Ed.D.
Assistant Director
Research and Studies Service

BLT:jcm

"...that the nursing needs of the people will be met."

nursing services — nursing education — citizen participation

national league for nursing, inc.

NLN

• 10 COLUMBUS CIRCLE, NEW YORK 19, N.Y.
AREA CODE 212
• JUdson 2-1022

The Nurse Career-Pattern Study plans call for a second questionnaire to be completed by the participating students just prior to graduation.

According to our records the students will complete the program
In order that we may send you the correct number of questionnaires, would you check the enclosed list and tell us the number of the listed students whom you expect will complete the program at the scheduled time or within a few months thereafter.

For each student on the list who will not complete the program would you please tell us which one of the following would most nearly approximate the primary reason for withdrawal:

1. scholastic failure
2. no longer interested in nursing as a career
3. considered by faculty to be unsuited for nursing
4. marriage
5. pregnancy
6. family or other personal problems
7. financially unable to continue
8. to enter another nursing program
9. poor health
10. other or unknown

An abbreviated notation of the reason beside the name of the students on the list will be an adequate response. Please enclose the list in the return envelope with the answer sheet.

Data from the first questionnaire is still being processed. It will be sent to you as soon as possible. We appreciate your cooperation in this study.

Sincerely,

Barbara L. Tate

Barbara L. Tate, Director
Nurse Career-Pattern Study

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"... that the nursing needs of the people will be met."

Of the students named on the enclosed list the following number will complete the program__________.

The completion date is _____________________________. We will arrange for the
month day year
students to complete a questionnaire approximately 4–6 weeks prior to the date the majority will complete the program.

Signed____________________

Position____________________

Date____________________

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6_

7_
8_
9_
10_
11_

NATIONAL LEAGUE FOR NURSING
Research and Studies Service

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13_
14_

CAREER-PATTERN STUDY

Name:______________________ 15_
(Please Print)

Single ☐ Mar. ☐ Widow. ☐ Div. ☐ Sep. ☐ Religious Bro. or Sis. ☐
(Please Check One)

Permanent Address:______________________

Number of Children:__________ 16_ 17_

______________ ______________
(City) (State)

Social Security Number:______________

Name and address of person who would forward mail if you move during the next year:

Name:______________________
(Please Print)

Street:______________________

City:__________ State:__________ 18_ 19_

If married, husband's (wife's) occupation:______________________

20_ 21_

Husband's (wife's) employer:______________________

Highest number of years of school husband (wife) completed (circle appropriate number):

under 8, 9, 10, 11, 12, 13, 14, 15, 16, over 16 22_

23_ 24_ 25_

Do you plan to continue to do nursing work while married?______________________

26_ 27_

Do you now plan to seek further educational preparation in nursing after graduation from this program?

28_ 29_ 30_ 31_ 32_

a. If yes, where would you like to go for this preparation?______________________

b. If yes, how do you expect to pay for this further preparation (check only one)? 33_

Scholarship or fellowship ______
From personal or family savings ______
By money earned working as a nurse ______
Scholarship and savings ______ 34_
Savings and earnings ______
Scholarship and earnings ______
Scholarships, savings and earnings ______
None of the above ______

In which size community would you prefer to work after graduation? 35_

Less than 2,500 ______
2,500 — 4,999 ______
5,000 — 9,999 ______
10,000 — 19,999 ______
20,000 — 49,999 ______
50,000 — 99,999 ______
100,000 — 249,999 ______
250,000 — 1,000,000 ______
Over 1,000,000 ______

2601

Check the clinical field in which you now think you would like to work at the four times listed: 36_ 37_ 38_

	1 yr. after graduation	5 yrs. after graduation	10 yrs. after graduation	15 yrs. after graduation
Medical Nursing				
Surgical Nursing				
Maternity Nursing				
Child Nursing				
Psychiatric Nursing				
General Nursing				
Health field, but not nursing (specify)				
Other (specify)				

39_ 40_ 41_ 42_

Check the type of employer for whom you now think you would like to be working at the four times listed:

	1 yr. after graduation	5 yrs. after graduation	10 yrs. after graduation	15 yrs. after graduation
Hospital				
Nursing Home				
Public Health Agency				
School (school nurse)				
School of Nursing (teaching)				
Industry				
Individual (private duty)				
Doctor, Dentist, etc.				
Other (specify)				

43_ 44_ 45_ 46_

What type of positions do you wish to have at the following four times:

	1 yr. after graduation	5 yrs. after graduation	10 yrs. after graduation	15 yrs. after graduation
Staff Nurse				
Private Duty Nurse				
Head Nurse				
Supervising Nurse				
Teacher of Nurses				
Administrator of Nursing				
Consultant in Nursing				
Researcher in Nursing				
Other (specify)				

47_ 48_ 49_ 50_

NLN/BLT
CPS-11

NATIONAL LEAGUE FOR NURSING
Research and Studies Service

CAREER-PATTERN STUDY

Directions for Administering Questionnaires to Senior Students

1. Give to each senior nursing student one letter, one questionnaire and one return envelope. Ask each student to read the letter and then fill out the complete two-page questionnaire. When the questionnaire is completed, have each student fold the questionnaire, place it in the envelope, seal the envelope and return it to the proctor. The proctor should mail the envelopes from all students at one time. One extra letter and questionnaire are enclosed for your files.

2. We would prefer that none of the faculty look at the complete questionnaires and that the students know that the questionnaires will be returned to us in the sealed envelopes. Tabulations showing the total class picture will be sent to you, and later tabulations of the total sample will be sent to you so that you can compare the students in your school with the students in the total sample.

3. Permanent address is that address at which the student makes his home—presumably that of parents, guardian, husband, wife, or some other relative who would always know the whereabouts of the student for receipt and/or forwarding of mail.

4. For questions calling for population and grade, an estimate should be checked rather than left blank if exact figure is not known.

5. If the students ask questions about clinical fields, employing agencies, or types of positions, please do not give any answers except to ask the students to answer the questions as best they can.

6. The answers to the questions about work after marriage and further educational preparation can be Yes, No, Undecided, Maybe, or If—with qualifying circumstances described. If already married, the answer will no doubt be yes, but some qualifying statement may need to be added.

7. For the questions regarding place and financing of future educational preparation, the answer should be what the student expects to do whether she is sure she can follow through with her plans or not.

NLN/BLT
CPS-9

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nursing services—nursing education—citizen participation

NLN

national league for nursing, inc.

• 10 COLUMBUS CIRCLE, NEW YORK 19, N.Y.
AREA CODE 212
• JUdson 2-1022

Greetings:

A few weeks after you entered this school of nursing, you were asked to complete a questionnaire for the Nurse Career-Pattern Study. You are now being asked to complete a second questionnaire for the same study.

This study has been designed to follow a definite group of nurses through their school days and on through their days of graduate nurse employment and/or motherhood. The National League for Nursing is anxious to know how well-prepared nurses are using their education to contribute to the health of the community.

We plan to send you short questionnaires at four times over the next fifteen years. We hope you will complete and return these questionnaires and that you will help keep your address on file with us so that we can find you easily. The first of those four questionnaires should reach you about one year from the day you graduate.

Your cooperation is very much appreciated. This study is very important to the future of nursing and nursing education.

Sincerely

Barbara L. Tate

Barbara L. Tate
Project Director
The Nurse Career-Pattern Study

CPS-10

"...that the nursing needs of the people will be met."

Third Questionnaire

2681
5__
6__

NATIONAL LEAGUE FOR NURSING
Research and Studies Service

NURSE CAREER-PATTERN STUDY

7__ 8__ 9__ 10__ 11__

Name: ______________________ Permanent Address: (Where you expect you can be
(please print) reached in four years.)

1. Social Security Number: ______________________ ______________________ 12__ 13__ 14__

2. License No. ______________ ______________________
in State of ______________ ______________________ 15__
City State

3. Single Married Widowed Divorced Separated No. of children: _____ 16__
☐ ☐ ☐ ☐ ☐

4. If married, did your marriage take place after graduation from the basic Nursing Program: Yes___ No___ 17__

Husband's (wife's) occupation: ______________________ 18__ 19__ 20__ 21__

Husband's (wife's) employer: ______________________

Highest number of years of school husband (wife) completed (circle approp. No.)

under 8, 8, 9, 10, 11, 12, 13, 14, 15, 16, over 16 22__

5. Are you working: Not working ___
(check one) Full-time ___
Part-time:
1-16 hrs. per week ___
17-32 hrs. per week ___
33 or more hrs. ___ 23__

6. Check the field in which you are now working:

Medical Nursing	________	General Nursing	________
Surgical Nursing	________	Special Service (specify)	________
Maternity Nursing	________	Health Field, but not nursing (specify)	________
Child Nursing	________	Other, not in the health field (specify)	________
Psychiatric Nursing	________		

24__ 25__

7. Check the type of employer for whom you are now working:

Hospital	___	Industry	___
Public Health Agency	___	Private Patient	___
School - Public or Private	___	Doctor, Dentist, etc.	___
School of Nursing	___	Other (specify)	___

26__ 27__

8. What type of position do you now hold?

Staff Nurse	___	Administrator	___
Private Duty Nurse	___	Consultant	___
Head Nurse	___	Researcher	___
Supervisor	___	Other (specify)	___
Teacher	___		

28__ 29__
30__ 31__

9. a. How many times have you changed positions or type of work in the past year? ___ 32__

b. If you have changed position or type of work in the past year, what was the one main reason for each change:

First change: ______________________
Second change: ______________________
Third change: ______________________

33__ 34__ 35__ 36__ 37__ 38__

10. What organization(s) related to the health field have you belonged to during the past year?

American Nurses Association	___	Nursing School Alumnae	___
National Federation of Licensed Practical Nurses	___	Other (specify)	________
National League for Nursing	___		________

39__ 40__ 41__ 42__ 43__ 44__

11. What community activities related to the health field have you been engaged in during the past year? 45__
____
______________________ 46__ 47__ 48__ 49__ 50__

12. Have you attended any formal educational program since graduation from the School of Nursing? Yes___ No___

If Yes, what school? ______________________
Location? ______________________ 51__ 52__ 53__

Are you working for a degree? Yes___ No___

If Yes, what is your major? ____________ 54__ 55__ 56__ 57__ 58__

Semester hour credits completed ___ or quarter hour credits completed ___
Semester hour credits now taking ___ or quarter hour credits now taking ___

What degree, if any, have you received since graduation from the basic nursing school: __________, date received__________ 59__ 60__ 61__

Have you taken any individual courses, not leading to a degree? Yes___ No___

If Yes, what is your area of study? ____________ 62__ 63__ 64__

How many weeks have you completed? ____________ 65__ 66__

What certificate(s) have you received:
Certificate______________ Date________
Certificate______________ Date________ 67__ 68__ 69__

13. How did you finance this further preparation (Check only one): 70__ 71__ 72__

___ Scholarship or Fellowship
___ From personal or family savings
___ By money earned working as a Nurse
___ Scholarship and savings
___ Savings and earnings
___ Scholarship and earnings
___ Scholarship, savings and earnings
___ Other (describe)______________ 73__

14. Has your work in nursing met your expectations in terms of:

Personal Satisfaction: Yes___ No___
Salary: Yes___ No___
Working Conditions: Yes___ No___
Employment available whenever desired: Yes___ No___

74__ 75__ 76__ 77__

15. What is your approximate monthly income from your nursing work? (Circle one) 78__ 79__

0-$100 $101-200 $201-250 $251-300 $301-350 $351-400 over $400
(before deductions)

MEZ/mh
CPS - 12

nursing services — nursing education — citizen participation

NLN

national league for nursing, inc.

• 10 COLUMBUS CIRCLE, NEW YORK 19, N.Y.
AREA CODE 212
• JUdson 2-1022

Greetings:

When you started your nursing studies and when you completed your nursing program you completed questionnaires for the Nurse Career-Pattern Study. We are now asking you to complete a third questionnaire.

This study has been designed to follow a group of nurses, of which you are one, first through their school years and secondly through their years as an employed person, housewife, or mother. We are interested in learning what well-prepared nurses do after they complete their basic nursing education. We are particularly interested in when and why they stop working and when and why they return to work. We would like to have information about all work, whether or not it is in the nursing field.

Since it is approximately one year since you graduated, we are asking you to complete this questionnaire and return it to us in the enclosed envelope as soon as possible. Will you help us to keep your current address accurate so that in four years we may send you a similar questionnaire?

Thank you very much for your cooperation.

Sincerely,

Barbara L. Tate

Barbara L. Tate
Project Director
The Nurse Career-Pattern Study

BLT/knh
CPS-13

"... that the nursing needs of the people will be met."

National League for Nursing, Inc.
10 Columbus Circle, New York, New York 10019

Dear

To date we have not received your questionnaire for the Nurse Career-pattern Study. Would you please fill it in and return it as soon as possible?

Thank you for your cooperation.

Sincerely,
Barbara L. Tate
Barbara L. Tate, Director
Nurse Career-pattern Study

CPS-15

National League for Nursing, Inc.
10 Columbus Circle, New York, New York 10019

The questionnaire you completed for the Nurse Career-pattern Study has been received. Thank you for your cooperation.

Sincerely,
Barbara L. Tate
Barbara L. Tate, Director
Nurse Career-pattern Study

CPS-16

nursing services—nursing education—citizen participation

NLN

national league for nursing, inc.

• 10 COLUMBUS CIRCLE, NEW YORK, N.Y. 10019
AREA CODE 212
• JUdson 2-1022

About one month ago we sent questionnaires to all of the nurses from your school who have been participating in the Nurse Career-Pattern Study. The majority of these have been received but as yet we have not received one from you.

This study is designed to give a complete picture of a group of nurses and their careers as nurses, wives and mothers. It is essential that we have all of the questionnaires completed. Would you please take a few minutes to complete the enclosed questionnaire and return it to us as soon as possible?

Thank you very much.

Sincerely,

Barbara L. Tate

Barbara L. Tate, Director
Nurse Career-Pattern Study

BLT:pm

"...that the nursing needs of the people will be met."

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nursing services—nursing education—citizen participation

NLN

national league for nursing, inc.

• 10 COLUMBUS CIRCLE, NEW YORK 19, N.Y.
AREA CODE 212
• JUdson 2-1022

Twice over the past months, we have mailed to you a short questionnaire from the Nurse Career-pattern Study. As yet we have not received a completed questionnaire from you.

While you were in nursing school you helped this study greatly by completing two different questionnaires. The information from those questionnaires has already been used in several areas to help in more effective recruitment and selection of students. The more nurses complete the questionnaires the more useful the information becomes. This is true even if you are not currently working. Will you please take a few minutes to complete the questionnaire and return it to us?

If you have a reason for not completing the questionnaire would you please write the reason on the questionnaire and return it?

Thank you very much for your time and attention.

Sincerely,

Barbara L. Tate

Barbara L. Tate
Director
Nurse Career-pattern Study

BLT:pm

CPS-20

"...that the nursing needs of the people will be met."

APPENDIX B

METHOD AND PROCEDURE OF CODING

Coding of Biographical Data

Preliminary to all coding, general identification digits were checked for accuracy. The first item on the questionnaire requested the respondent's sex. When coding male or female, the respondent's name was read. If female was checked but the first name was usually a male one, or if male was checked with a usually female first name, the school was asked to verify the response. All blanks were referred to the school, also. In this way, a 100 percent response on this item was obtained.

The item, marital status, allows the options: single, married, widowed, divorced, and separated. To this another item was added which does not appear on the questionnaire - religious brother or sister. Again any unfilled spaces were referred to the school. Usually the accurate current marital status was determined in this manner; however, in spite of these efforts, there were a few whose responses were inconsistent, therefore, marital status was designated as undetermined.

In coding the item, number of children, if a blank or a digit appeared, it was assumed that a teenage, single respondent had no children. However, in this case, all other responses on the questionnaire were examined. Occasionally, single respondents in older age categories replied that they had children. If subsequent responses seemed to indicate that these were the respondents' own children and not siblings, the digit was coded as it appeared. For married or formerly married respondents, the number was coded as it appeared. A separate designation was retained for married, widowed, divorced, or separated respondents who did not reply to this question.

The variable, date of birth, was coded as age in years at time of entrance into the nursing program. For this purpose, the starting date of all programs was set arbitrarily at September 15, although some actually started earlier or later. Birthplace was coded simply as country of birth, both for the student's and parents' birthplace.

Size of community in which the respondent lived while attending high school was a checklist. With one exception, if a respondent answered "don't know," this was coded as a no answer. For schools in New York City which were well known to the project staff, if the respondent indicated a New York City address and had attended a high school in the city, the item was coded as though the respondent had given the population of New York. A few other cities were treated similarly.

Other checklist responses were coded exactly where the check was placed by the respondent. Two or more checks were indicated as no response. These included academic standing in graduating class, size of graduating class, highest number of years of school attended by mother and father, race or ethnic group, religion, and total family income. In addition to the choices on the questionnaire, American Indian was given a separate ethnic group code. For religion, Protestant was broadened to include all non-Roman Catholic Christians, except Christian Scientists and such Oriental religions as Buddhism and Shintoism, which were grouped and given a separate designation.

The high school last attended was coded to indicate the state in which the school was located. If the state was not given, the answer became no response.

Three yes or no responses were indicated as checked, or as no response. These included graduation from high school, if father is living, and if mother is living.

Responses to the item indicating previous nursing school attendance were coded to locate the region of the country in which the school was located and the type of program, if identifiable. An unidentifiable school was differentiated from a no response.

Responses regarding father and mother were coded in an identical manner. When a respondent answered questions concerning parents in terms of a stepparent or parents, the responses were coded the same as for natural parents. It was decided that as far as the questionnaire was concerned, respondents were relating to the stepparent in the same manner as they would a natural parent. A description of the student's home environment was the primary purpose of the questions on parents.

The occupational code for mother and father was a 2-digit one with the first digit denoting the general area of occupation and the second the specific category. The code as ultimately devised for this questionnaire is an adaptation of major occupational groups as described in the Dictionary of Occupational Titles prepared by the U.S. Department of Labor.[1] The broad areas used for the purposes of this study were:

1. Professional medically oriented, that is, physician, dentist, dietitian
2. Medically and health oriented, semiprofessional and nonprofessional, that is, licensed practical nurse, medical technician, owner of nursing home
3. Service oriented nonmedical occupations, that is, teacher, clergy, government official
4. Professional nonmedical and nonservice, that is, lawyer, accountant, banker
5. Sales, clerical, minor supervisory, small business, that is, salesmen of all types, typist, restaurant owner, office worker
6. Outdoor service type, that is, farmer, ranger, enlisted men in the Armed Forces
7. Skilled workers, that is, plumber, furrier, tool maker, electrician
8. Semiskilled workers, that is, factory worker, machine operator, helper to skilled worker
9. Unskilled and domestic workers, laborer, waiter, janitor

Professional is used in a general sense indicating specific education in an institution of higher learning for a specific occupational group. Medically oriented is used to signify any occupation in which the person's work is in some way related to the provision of medical and health services.

When the stated occupation was a broad equivocal term, such as engineer, the digits used became a function of occupation and education, that is, engineers with 12 years or less of education were considered skilled workers. Engineers with 16 or more years of education were considered professional. Engineers with 13 to 15 years of education were given the same occupational code as the professional, but the difference was reflected in the social index designation which followed.

When one or more occupations were given, only the first codeable occupation was used. In cases in which the name of the occupation could not be verified in the Dictionary of Occupational Titles, "unidentifiable" was used as a designation.

The term "employer" was used to assist in identifying the occupation and also to describe the current employment status of the parent, that is, now employed, self-employed, retired, unemployed, and so on.

When there appeared a serious discrepancy between the occupation as named and education as checked, for example, physician with only eight years of education, the occupation named was coded, but education was considered uncodeable. It was assumed that a respondent might err more easily on the number of years her parent had attended school than in naming the parent's occupation.

Occupational and educational information about the parent became the basis of the parent's social index designation. The social index scale, devised by Hollingshead of Yale University, stratifies persons into social indexes I (highest), II, III, IV, and V (lowest). How the scale evolved, the theory, and its validation is described in Social Class and Mental Illness.[2] The original work was refined and described in Two-Factor Index of Social Position.[3] The factors used in the index are occupation and education. Occupations are divided into areas comparable to the occupational code described above and given a weighted score of 7. The educational scale is divided into seven positions into which the number of years checked by the respondent was readily assigned and given a weighted score of 4.

To calculate the social index score, the scale value for a person's occupation and for a person's education were each multiplied by a factor weight. The products of both were then added. The full range of scores, from 11 to 77, was divided into five appropriate groups for the actual coded score as determined by Hollingshead and as used in this study. The lower the score, the higher the social index. Below is an example.

Factor	Scale Value	Factor Weight	Score
Occupation physician	1	7	7
Education over 16 years	1	4	4
			11 Social Index I
Occupation engineer	1	7	7
Education 14 years	3	4	12
			19 Social Index II
Occupation engineer	5	7	35
Education 12 years	4	4	16
			51 Social Index IV

For ease in coding and to avoid arithmetical errors, all possible combinations were computed and made available to the coder. The coder had only to locate the appropriate occupational area and educational area and then read the calculated social index number. This social index number was then the digit used in coding.

In instances in which the parent was self-employed as a farmer or businessman, the level of placement in the social index was determined by considering the stated family income as one-fourth the value of the business. Ranges of income had been predetermined, again based on Hollingshead's 2-factor index.

The two questions referring to siblings were coded to reflect family composition, that is, all-girl family, mixed boys and girls, and so on, and to reflect the respondent's position in the family, that is, oldest of two, youngest of three, only child, and so on.

Two other variables were derived from the information that the participants supplied. To indicate mobility in childhood, a code was devised to express in a single digit a comparison between the respondent's state of birth and state of high school. Another code described the parent's combined education.

The biographical data were coded and tabulated as soon as the questionnaires were received. Later, when other information concerning the students was received, this was added to the biographical data. This additional information included withdrawal or delayed graduation from the school with the school director's stated reason, transfer to another school, death, or absence of response to subsequent questionnaires with the reason, if known.

Coding of Stated Influences for Career Choice

All of the questions related to career choice were open-ended. In developing this code, an effort was made to keep the material to a reasonable quantity without the loss of important details and accuracy.

Originally, it had been planned to read all responses and try to determine the respondent's general attitude toward nursing. Because of the amount of interpretation needed and the variety of influencing ideas and experiences mentioned by respondents, this proved to be totally unfeasible. In addition, an effort was made to code responses verbatim, including all statements written. Actual words used were quoted and grouped into categories and subcategories.

Three members of the staff tried to use this very specific inclusive code. All three coded the same material and agreement between two of the coders was accepted as the coding for a response. Although agreement among all three of the coders was obtained fairly easily on straightforward, simple declarative sentence responses, agreement on the more rambling responses was difficult to obtain. Even with some very simple statements, interpretative problems appeared.

The final code derived for this section designated the presence or the absence of a specific set of expressions of motivation and descriptions of experiences that apparently influenced the students' decisions to enter a nursing program. With one exception, any motivation or experience that was not included in the code had been mentioned by less than 1 percent of the students. The exception to this that occurred frequently, but was lost, was the statement "nurses are needed." In overall context of the paragraphs in which this statement was found, the meaning for one student was obviously not the same for another. Many appeared to infer they wanted to be of service and fill the need; many appeared to infer that nursing provided security - they could always get a job. For others, the meaning was not clear. The lack of a high percentage of agreement on the part of the coders led to the decision to eliminate this response entirely.

The final code for the reasons for entering nursing included five groupings of motivation: (1) the desire to help; (2) to learn; (3) to follow a rewarding and respected career; (4) to gain personal satisfaction; and (5) to provide security. The five groupings of experiences were: (1) experiences with illness; (2) related work experiences; (3) personal contacts with professional health personnel; (4) organizational experiences (Future Nurses Club, Candy Stripers, and the like; and (5) spiritual experiences directing career choice. In addition, other influences were noted: "always wanted to be a nurse," fictional or real life heroic characters, and such glamorous factors as the cap, the white uniform, the excitement of the hospital.

The final version of the code was used with relative ease and speed. Since the responses were unstructured and some interpretation was involved in all coding, two coders had to agree on the code for each response to be acceptable. Agreement between the two coders was greater than 95 percent. Resolution of differences in the first codings by the two coders brought the percentage of agreement to over 98.

The responses naming the person who was of assistance in making the decision to enter nursing were coded to designate the person's relationship to the respondent and the person's relationship to the health field. Approximately 30 combinations of the two relationships actually occurred.

Coding of Stated Career Plans

The majority of the responses pertaining to career goals were checks in structured questions. These included clinical area of work, employer, and type of position 1, 5, 10, and 15 years after graduation. The choices of clinical area were broad, inclusive terms but frequently were not used by the respondent. Therefore, provision was made to include every clinical area mentioned, two choices, and some nonnursing and nonhealth areas named. In its first form, the code reflected single and double choices. Three or more choices were coded without specifying areas. An interpretation was made in only one case. If a respondent wrote in that her clinical area was "private duty" or "staff nursing," this was considered to be "general nursing." If a respondent gave two choices, one of which was nursing and one of which was not, this was considered as an uncodeable answer.

If the choice of type of employer was not on the list, the respondents were asked to specify their choice. If these other employers named included any considered pertinent to the study, this specific was coded. Double choices were considered to be ambiguous, uncodeable responses. Participants' choice of the type of position they expected to occupy 1, 5, 10, and 15 years after graduation was comparable to that for employer.

The next response pertained to plans for nursing work after marriage. The coding separated out the men and the women respondents who were religious sisters. Although this called for a free response, most responses fell into readily discernible categories: yes, no, undecided, for a while, part time, or always. Some participants qualified their responses to this question, and these qualifications were coded separately. As before, single and double responses were coded, and more than two responses were simply counted.

The final response regarding plans to seek further education in nursing was coded in a similar fashion, but included all respondents.

Coding of Questionnaire to Graduating Group

This questionnaire was completed by participants shortly before graduation and essentially asked questions similar to those previously described, updating biographical information and plans and aspirations at this time.

The responses indicating marital status and number of children were handled similarly as before. The responses pertaining to the spouse, if respondent was or had been married, were coded the same as the responses for parents and yielded descriptions of occupation, employment, and social index. However, since income information was not requested on the second questionnaire, there was no means of determining the social index of husbands who were farmers.

Responses to "Do you plan to continue to do nursing work while married?" and "Do you now plan to seek further educational preparation in nursing after graduation from this program?" were also coded as before. However, this time the respondent was asked to name the school at which she planned to continue her education. If the school she named was a nursing school logical to her educational progression, an identifying number for this school was used. That is, if a student graduating from a practical nursing program named a diploma, associate degree, or baccalaureate degree program in nursing, the individual school was assigned a permanent code for the duration of the study. If a practical nursing student named a bona fide postgraduate course identifiable by the staff, this was also assigned an appropriate school code for the duration of the study.

Other schools named which did not have state-approved nursing programs or generally recognized postgraduate and inservice education courses were grouped by a separate designation.

Structured responses in the form of checklists indicated the expected manner of payment for any further education and the size of the community in which the respondents preferred to work. Coding of these variables was routine. The last three items, clinical field choice, employer choice, and type of position choice 1, 5, 10, and 15 years after graduation were coded the same as on the previous questionnaire.

Coding of Questionnaire Administered One Year After Graduation

The third questionnaire was completed by participants approximately one year after graduation. Marital status, number of children, and information about spouse were coded as before. An additional response indicated if the marriage had taken place after graduation from the practical nursing program.

The participant's current work status was determined first by a checklist which included number of hours per week for part-time workers. Basically, the same code as previously described was used for the clinical field of employment, type of employer, and type of position. However, the latter two responses were coded to allow for identification of the respondent who appeared to have two jobs, or who occupied different positions at specific times during the week or month.

The code for responses regarding changes of position during the past year enumerated the number of changes and provided for gross categories of the reasons for change.

Responses to "What organizations related to the health field have you belonged to during the past year?" and "What community activities related to the health field have you been engaged in during the past year?" were each assigned a 2-digit geometric code. The resulting code figures in each case yielded a summary description of the person's activities.

Responses regarding attendance at any formal educational program in nursing since graduation were coded similar to the second questionnaire. Again, specific educational institutions were identified only if they were known to conduct a recognized program and appeared to provide for a logical educational sequence in nursing. If the educational program named provided for preparation in an area other than nursing, a general category was assigned.

Descriptive codes were used for other items concerning further education such as major area of study, semester hours completed, semester hours now taking, and degree received; however, at this point in time, there were few responses to these questions.

A subsequent set of responses dealt with individual courses not leading to a degree. Again, descriptive codes were written to describe in detail the specific nursing courses such as: medications or operating room technique and, in general categories, other nonnursing courses. As on the second questionnaire, a checklist structured responses describing how the further education was financed.

The next four responses indicated if nursing had met her expectations in terms of personal satisfaction, working conditions, salary, and availability of employment. These were simple options of yes or no and can only be treated as very gross indicators of satisfaction. No provision was made for descriptive or qualitative responses, even when offered by the respondent.

The response indicating approximate gross monthly income from nursing work was a structured list. Amounts were grouped on a $50 interval scale ranging from $201 to over $400, and on a $100 interval from $0 to $200 based on the assumption that income under $200 would have been primarily for part-time employment, and income over $400 seldom would have occurred in this occupational group in 1964.

References

[1] Division of Occupational Analysis, United States Employment Service. Dictionary of Occupational Titles, Volume I; Definitions of Titles, 2d ed. U.S. Department of Labor, Bureau of Employment Security, Washington, D.C. Government Printing Office, March, 1949.

[2] Hollingshead, August B., and Fredrick Redlich. Social Class and Mental Illness. John Wiley and Sons, Inc., New York, N.Y., 1958.

[3] Hollingshead, August B. Two-Factor Index of Social Position. New Haven, Conn., 1957. (Mimeographed)

APPENDIX C

BIOGRAPHICAL DATA OF PRACTICAL NURSE PARTICIPANTS BY RESPONSE TO THIRD QUESTIONNAIRE

Table C-1. Sex of Practical Nurse Participants by Response to Third Questionnaire*

Sex	Responded		Did Not Respond	
	No.	%	No.	%
Female	2,129	98.2	120	93.0
Male	38	1.8	9	7.0
Total	2,167	100.0	129	100.0

*These tables do not include three deceased.

Table C-2. Age of Practical Nurse Participants on Entrance to School by Response to Third Questionnaire

Age in Years	Responded		Did Not Respond	
	No.	%	No.	%
14-17	201	9.3	18	13.9
18-19	756	34.9	46	35.7
20-24	307	14.2	25	19.4
25-29	166	7.7	15	11.6
30-34	146	6.7	7	5.4
35-39	171	7.9	3	2.3
40 and over	370	17.1	10	7.7
No answer	50	2.3	5	3.9
Total	2,167	100.0	129	100.0

Table C-3. Marital Status of Practical Nurse Participants at Time of Entering Program by Response to Third Questionnaire

Marital Status (Men and Women)	Responded		Did Not Respond	
	No.	%	No.	%
Single	1,202	55.5	87	67.4
Married	732	33.8	29	22.5
Widowed	56	2.6	3	2.3
Divorced	84	3.9	3	2.3
Separated	65	3.0	6	4.7
Religious	8	0.4	0	0.0
Undetermined	20	0.9	1	0.8
Total	2,167	100.0	129	100.0

Table C-4. Number of Children of Married and Formerly Married Women Practical Nurse Participants at Time of Entering Program by Response to Third Questionnaire

Number of Children	Responded		Did Not Respond	
	No.	%	No.	%
None	103	11.0	3	7.7
One	165	17.6	10	25.6
Two	256	27.3	7	17.9
Three	196	20.9	5	12.8
Four	92	9.8	4	10.3
Five or more	66	7.0	3	7.7
No answer	60	6.4	7	17.9
Total	938	100.0	39	100.0

Table C-5. Birthplace of Practical Nurse Participants by Response to Third Questionnaire

Birthplace	Responded		Did Not Respond	
	No.	%	No.	%
Continental U.S.A.	2,048	94.5	110	85.3
Puerto Rico	47	2.2	13	10.1
Other U.S. territories or possessions	2	0.1	1	0.8
Canada	15	0.7	0	0.0
Other	50	2.3	5	3.9
Unknown	5	0.2	0	0.0
Total	2,167	100.0	129	100.0

Table C-6. Size of Community of High School Attendance of Practical Nurse Participants by Response to Third Questionnaire

Size of Community	Responded		Did Not Respond	
	No.	%	No.	%
Under 2,500	723	33.3	33	25.6
2,500-4,999	188	8.7	10	7.8
5,000-9,999	215	9.9	5	3.9
10,000-19,999	242	11.2	15	11.6
20,000-49,999	186	8.6	16	12.4
50,000-99,999	136	6.5	12	9.3
100,000-249,999	108	5.0	7	5.4
250,000-1,000,000	83	3.8	5	3.9
Over 1,000,000	135	6.2	10	7.8
Unknown	151	7.0	16	12.4
Total	2,167	100.0	129	100.0

Table C-7. Comparative Location of High School and Practical Nursing School of Practical Nurse Participants by Response to Third Questionnaire

Location	Responded		Did Not Respond	
	No.	%	No.	%
Same state	1,694	78.2	92	71.3
Different state	437	20.2	34	26.4
No answer	36	1.6	3	2.3
Total	2,167	100.0	129	100.0

Table C-8. Graduation and Nongraduation from High School of Practical Nurse Participants by Response to Third Questionnaire

Item	Responded		Did Not Respond	
	No.	%	No.	%
Graduation	1,735	80.1	96	74.4
Nongraduation	432	19.9	33	25.6
Total	2,167	100.0	129	100.0

Table C-9. Academic Standing of Practical Nurse Participants Who Graduated from High School by Response to Third Questionnaire

Academic Standing	Responded		Did Not Respond	
	No.	%	No.	%
Top fourth	275	15.9	11	11.5
Second fourth	675	38.9	38	39.6
Third fourth	504	29.0	26	27.1
Bottom fourth	85	4.9	5	5.2
Unknown	196	11.3	16	16.7
Total	1,735	100.0	96	100.0

Table C-10. Size of High School Graduating Class of Practical Nurse Participants by Response to Third Questionnaire

Size of Graduating Class	Responded		Did Not Respond	
	No.	%	No.	%
1-49	472	27.2	18	18.8
50-99	290	16.7	22	22.9
100-199	375	21.6	15	15.6
200-299	208	12.0	14	14.6
300-499	218	12.6	21	21.9
500 and over	122	7.0	4	4.2
No answer	50	2.9	2	2.1
Total	1,735	100.0	96	100.0

Table C-11. Type of Nursing Program Previously Attended by 153 Practical Nurse Participants by Response to Third Questionnaire

Type of Program	Responded		Did Not Respond	
	No.	%	No.	%
Vocational or practical	12	8.6	5	38.5
Associate degree	3	2.1	0	0.0
Diploma	87	62.1	1	7.7
Baccalaureate degree	10	7.1	2	15.4
Unlisted, unknown	28	20.0	5	38.5
Total	140	100.0	13	100.0

Table C-12. Fathers Reported as Living by Practical Nurse Participants by Response to Third Questionnaire

Father	Responded		Did Not Respond	
	No.	%	No.	%
Living	1,588	73.3	96	74.4
Not living	571	26.3	30	23.3
Unknown	8	0.4	3	2.3
Total	2,167	100.0	129	100.0

Table C-13. Birthplace of Fathers of Practical Nurse Participants by Response to Third Questionnaire

Birthplace	Responded		Did Not Respond	
	No.	%	No.	%
Continental U.S.A.	1,814	83.7	103	79.8
Puerto Rico	49	2.3	9	7.0
Other U.S. territories or possessions	2	0.1	1	0.8
Canada	32	1.5	0	0.0
Other	201	9.3	9	7.0
Unknown	69	3.2	7	5.4
Total	2,167	100.0	129	100.0

Table C-14. Occupation of Fathers of Practical Nurse Participants by Response to Third Questionnaire

Occupation	Responded		Did Not Respond	
	No.	%	No.	%
Medically oriented	30	1.4	2	1.6
Teacher	10	0.5	1	0.8
Clergy	19	0.9	2	1.6
Other service type	32	1.5	3	2.3
Professional and semiprofessional	85	3.9	5	3.9
Sales and clerical	277	12.8	15	11.6
Farmer	326	15.0	11	8.5
Other out-of-door	56	2.6	1	0.8
Skilled	523	24.1	22	17.1
Semiskilled	179	8.3	10	7.8
Unskilled, domestic	208	9.6	22	17.1
Unknown, uncodeable, not working	422	19.5	35	27.1
Total	2,167	100.0	129	100.0

Table C-15. Employment Status of Fathers as Reported by Practical Nurse Participants by Response to Third Questionnaire

Employment Status	Responded		Did Not Respond	
	No.	%	No.	%
Self-employed				
Now	353	16.3	17	13.2
Formerly	204	9.4	3	2.3
Employed				
Now	915	42.2	59	45.7
Formerly	237	10.9	10	7.8
Unemployed	8	0.3	0	0.0
Unknown	450	20.8	40	31.0
Total	2,167	100.0	129	100.0

Table C-16. Social Index Classification of Fathers as Determined from Responses of Practical Nurse Participants to Third Questionnaire

Social Index	Responded		Did Not Respond	
	No.	%	No.	%
One	20	0.9	0	0.0
Two	68	3.1	8	6.2
Three	200	9.2	15	11.6
Four	703	32.4	29	22.5
Five	421	19.4	30	23.3
Not identifiable	755	34.8	47	36.4
Total	2,167	100.0	129	100.0

Table C-17. Education of Fathers of Practical Nurse Participants by Response to Third Questionnaire

Education in Years	Responded		Did Not Respond	
	No.	%	No.	%
Eight or under	856	39.5	37	28.7
Nine	125	5.8	11	8.5
Ten	189	8.7	10	7.8
Eleven	108	5.0	8	6.2
Twelve	425	19.6	24	18.6
Thirteen	62	2.9	3	2.3
Fourteen	63	2.9	5	3.9
Fifteen	23	1.1	1	0.8
Sixteen and over	104	4.8	11	8.5
Unknown	212	9.8	19	14.7
Total	2,167	100.0	129	100.0

Table C-18. Mothers Reported as Living by Practical Nurse Participants by Response to Third Questionnaire

Mother	Responded		Did Not Respond	
	No.	%	No.	%
Living	1,851	85.4	115	89.1
Not living	314	14.5	14	10.9
Unknown	2	0.1	0	0.0
Total	2,167	100.0	129	100.0

Table C-19. Birthplace of Mothers of Practical Nurse Participants by Response to Third Questionnaire

Birthplace	Responded		Did Not Respond	
	No.	%	No.	%
Continental U.S.A.	1,879	86.7	105	81.4
Puerto Rico	49	2.3	11	8.5
Other U.S. territories or possessions	1	0.0	1	0.8
Canada	47	2.2	0	0.0
Other	157	7.3	9	7.0
Unknown	34	1.6	3	2.3
Total	2,167	100.0	129	100.0

Table C-20. Occupation of Mothers of Practical Nurse Participants by Response to Third Questionnaire

Occupation	Responded		Did Not Respond	
	No.	%	No.	%
Registered nurse	23	1.1	4	3.1
Licensed practical nurse	37	1.7	1	0.8
Other medically oriented	75	3.5	6	4.7
Teacher	28	1.3	2	1.6
Housewife	883	40.7	49	38.0
Other service type	6	0.3	0	0.0
Professional and semiprofessional	7	0.3	0	0.0
Sales and clerical	186	8.6	7	5.4
Out-of-doors	4	0.2	0	0.0
Skilled	39	1.8	4	3.1
Semiskilled	123	5.7	7	5.4
Unskilled	86	4.0	6	4.7
All others	670	30.9	43	33.3
Total	2,167	100.0	129	100.0

Table C-21. Employment Status of Mothers as Reported by Practical Nurse Participants by Response to Third Questionnaire

Employment Status	Responded		Did Not Respond	
	No.	%	No.	%
Self-employed				
Now	35	1.6	2	1.6
Formerly	2	0.1	0	0.0
Employed				
Now	563	26.0	35	27.1
Formerly	6	0.3	0	0.0
Not employed and not identifiable	1,561	72.0	92	71.3
Total	2,167	100.0	129	100.0

Table C-22. Social Index Classification of Mothers as Determined from Responses of Practical Nurse Participants to Third Questionnaire

Social Index	Responded		Did Not Respond	
	No.	%	No.	%
Two	55	2.5	6	4.7
Three	63	2.9	5	3.9
Four	253	11.7	15	11.6
Five	214	9.9	10	7.8
Unknown	1,582	73.0	93	72.1
Total	2,167	100.0	129	100.0

Table C-23. Education of Mothers of Practical Nurse Participants by Response to Third Questionnaire

Education in Years	Responded		Did Not Respond	
	No.	%	No.	%
Eight or under	812	37.5	41	31.8
Nine	129	6.0	6	4.7
Ten	186	8.6	12	9.3
Eleven	142	6.6	14	10.9
Twelve	501	23.1	31	24.0
Thirteen	66	3.0	3	2.3
Fourteen	92	4.2	5	3.9
Fifteen	40	1.8	4	3.1
Sixteen and over	74	3.4	6	4.7
Unknown	125	5.8	7	5.4
Total	2,167	100.0	129	100.0

Table C-24. Family Composition as Reported by Practical Nurse Participants by Response to Third Questionnaire

Family Composition	Responded		Did Not Respond	
	No.	%	No.	%
Only child	123	5.7	1	0.8
All-boy family	10	0.5	1	0.8
All-girl family	360	16.6	14	10.9
Mixed boys and girls	1,654	76.3	110	85.3
Unknown	20	0.9	3	2.3
Total	2,167	100.0	129	100.0

Table C-25. Sibling Placement as Reported by Practical Nurse Participants by Response to Third Questionnaire

Placement	Responded		Did Not Respond	
	No.	%	No.	%
Only child	123	5.7	1	0.8
Oldest	540	24.9	45	34.9
Youngest	479	22.1	21	16.3
Midplacement	954	44.0	55	42.6
Unknown	71	3.3	7	5.4
Total	2,167	100.0	129	100.0

Table C-26. Ethnic Group as Reported by Practical Nurse Participants by Response to Third Questionnaire

Ethnic Group	Responded		Did Not Respond	
	No.	%	No.	%
White	1,823	84.1	78	60.5
Negro	319	14.7	50	38.8
Oriental	3	0.1	1	0.8
American Indian	7	0.3	0	0.0
Other	9	0.4	0	0.0
No answer	6	0.3	0	0.0
Total	2,167	100.0	129	100.0

Table C-27. Religious or Church Affiliation as Reported by Practical Nurse Participants by Response to Third Questionnaire

Religion	Responded		Did Not Respond	
	No.	%	No.	%
Roman Catholic	606	28.0	42	32.6
Non-Roman Catholic Christian	1,474	68.0	81	62.8
Jewish	28	1.3	1	0.8
Oriental religions	1	0.0	0	0.0
Other	2	0.1	0	0.0
None	18	0.8	0	0.0
No answer	38	1.8	5	3.9
Total	2,167	100.0	129	100.0

Table C-28. Annual Family Income as Reported by Practical Nurse Participants by Response to Third Questionnaire

Reported Income	Responded		Did Not Respond	
	No.	%	No.	%
Below $2,500	309	14.3	22	17.1
$2,500-$4,999	608	28.1	32	24.8
$5,000-$7,499	584	26.9	22	17.1
$7,500-$9,999	236	10.9	14	10.9
$10,000-$12,499	106	4.9	7	5.4
$12,500-$14,999	44	2.0	2	1.6
$15,000-$17,499	23	1.1	1	0.8
$17,500-$19,999	6	0.3	1	0.8
$20,000 and over	18	0.8	1	0.8
Unknown	233	10.8	27	20.9
Total	2,167	100.0	129	100.0

APPENDIX D

COOPERATING INSTITUTIONS

The following are the 117 cooperating institutions where the 3,014 students began their practical nursing education in the fall of 1962.

Alabama
  Opelika Vocational and Technical School, Opelika

Arizona
  Yuma Union High School, Yuma

Arkansas
  Camden Practical Nurse School, Camden
  Forrest City Practical Nurse School, Forrest City

California
  Memorial Hospital of Southern California, Culver City
  Glendale College, Glendale
  Hayward Unified Adult and Technical School, Hayward
  Biola School of Missionary Medicine, Los Angeles
  Vocational Nursing School of California, Los Angeles
  Diablo Valley College, Pleasant Hill

Colorado
  Trinidad State Junior College, Trinidad

Connecticut
  Bullard-Havens Regional Vocational-Technical School, Bridgeport
  Eli Whitney Regional Vocational-Technical School, Hamden
  Windham Regional Vocational-Technical School, Willimantic

District of Columbia
  Georgetown University Hospital School of Practical Nursing, Washington

Florida
  Daytona Beach Junior College, Daytona Beach
  Washington Vocational School, Pensacola

Georgia
  Monroe Vocational School of Practical Nursing, Albany
  South Georgia Vocational School of Practical Nursing, Americus
  North Georgia Vocational School of Practical Nursing, Clarkesville
  Gillespie-Selden Institute School of Practical Nursing, Cordele
  Harris Area Trade and Vocational School, Savannah

Illinois
  Southern Illinois University, Vocational-Technical Institute, Carbondale
  Chicago Public Schools, Chicago
  Rockford School of Practical Nursing, Rockford
  Springfield School of Practical Nursing, Springfield

Indiana
  Muncie School of Practical Nursing, Muncie

Iowa
  St. Luke's Methodist Hospital School of Practical Nursing, Cedar Rapids

Kentucky
  Danville School of Practical Nursing, Danville

Louisiana
  Baton Rouge Vocational-Technical School, Baton Rouge

Louisiana (continued)
  Ouachita Vallev Vocational-Technical School, West Monroe

Maryland
  Ann Arundel General Hospital School of Practical Nursing, Annapolis
  University of Maryland, Baltimore
  Springfield State Hospital School of Practical Nursing, Sykesville

Massachusetts
  Shepard-Gill School of Practical Nursing, Boston
  Gardner State Hospital School of Practical Nursing, Gardner
  Addison Gilbert Hospital School of Practical Nursing, Gloucester
  Pittsfield Vocational High School, Pittsfield
  Springfield Trade High School, Springfield
  Taunton Vocational High School, Taunton
  David Hale Fanning Trade High School, Worcester

Michigan
  Lake Michigan College, Benton Harbor
  Flint Community Junior College, Flint
  Kalamazoo Practical Nursing Center, Kalamazoo
  Northwestern Michigan College, Traverse City

Minnesota
  Crookston School of Practical Nursing, Crookston
  Red Wing School of Practical Nursing, Red Wing
  Miller Hospital, St. Paul
  Virginia Municipal Hospital School of Practical Nursing, Virginia

Mississippi
  Hinds Junior College District, Kuhn Memorial Hospital, Vicksburg

Montana
  Northern Montana College, Havre
  St. Joseph's School of Practical Nursing, Lewistown
  Missoula School of Practical Nursing, Missoula

Nebraska
  Alliance Vocational School of Practical Nursing at St. Joseph Hospital, Alliance
  Omaha Public School of Practical Nursing, Omaha

Nevada
  Southern Nevada Memorial Hospital, Las Vegas
  Lyon School, Lyon Health Center, Yerington

New Jersey
  Salem County Vocational Institute, Penns Grove
  Princeton Hospital, Princeton
  Somerset County Vocational and Technical School, Raritan
  Morris Hills High School, Rockaway

New York
  Brooklyn Y.W.C.A. School of Practical Nursing, Brooklyn
  Caledonian Hospital School of Practical Nursing, Brooklyn
  Wyckoff Heights Hospital, Brooklyn
  Fosdick-Masten Vocational High School, Buffalo
  Community Hospital at Glen Cove, Glen Cove
  Huntington High School, Huntington
  Jane Addams Vocational High School, New York

New York (continued)
    Montefiore Hospital School of Practical Nursing, New York
    Phelps Memorial Hospital School of Practical Nursing, North Tarrytown
    Rochester School of Practical Nursing, Rochester
    East Meadow W. Tresper Clarke High School, Westbury

North Carolina
    Watts Hospital Course in Practical Nursing, Durham
    Greensboro School of Practical Nursing, Jamestown
    W. W. Holding Technical Institute, Raleigh

North Dakota
    North Dakota State School of Science, Wahpeton

Ohio
    Claude V. Courter Technical High School, Cincinnati
    Hamilton Program of Practical Nursing Education, Hamilton
    St. Joseph Hospital School of Practical Nursing, Lorain
    Marion General Hospital School of Practical Nursing, Marion
    Hannah E. Mullins School of Practical Nursing, Salem

Oklahoma
    Blackwell General Hospital School of Practical Nursing, Blackwell
    Lawton Vocational School of Practical Nursing, Lawton
    Muskogee Vocational School of Practical Nursing, Muskogee

Oregon
    Central Oregon Community College, Bend
    Forest Grove Public Schools, Forest Grove
    Blue Mountain Community College, Pendleton

Pennsylvania
    Bradford Area Schools, Bradford
    Chambersburg Area School District, Chambersburg
    Chester School District, Chester
    School District of the City of Erie, Erie
    University of Pennsylvania Graduate Hospital, Philadelphia

Puerto Rico
    Fajardo Vocational High School, Fajardo
    Mayaguez Vocational High School, Mayaguez
    Ponce Vocational High School, Ponce

Rhode Island
    Rhode Island School, Providence Division, Providence

South Carolina
    Cherokee School of Practical Nursing, Gaffney

Tennessee
    Takoma Hospital School of Practical Nursing, Greenville
    Jackson City Schools, Jackson
    Knoxville City Schools, Department of Vocational Education, Knoxville
    Riverside Sanitarium and Hospital School of Practical Nursing, Nashville
    State Board of Vocational Education, Tennessee PN Program, Nashville

Texas
    Mercy Hospital School of Vocational Nursing, Laredo
    Palestine School of Vocational Nursing, Palestine

Texas (continued)
  San Antonio Vocational and Technical School of Nursing, San Antonio

Utah
  Utah Technical College at Salt Lake, Salt Lake City

Vermont
  Henry W. Putnam Hospital School for Practical Nurses, Bennington
  Fanny Allen Memorial Hospital School of Practical Nursing, Winooski

Virginia
  Norfolk General Hospital, Norfolk City Schools, Norfolk
  Louise Obici Memorial Hospital School of Nursing, Suffolk Public Schools, Suffolk

Washington
  St. Peter Hospital School of Practical Nursing, Olympia
  Spokane Community College, Spokane
  Clark College, Vancouver
  Wenatchee Valley College, Wenatchee

Wisconsin
  Green Bay School of Vocational-Technical and Adult Education, Green Bay
  Kenosha Technical Institute, Kenosha
  Superior Vocational-Technical and Adult School, Superior

Through the cooperation of the following schools, 80 students and 94 graduates completed the trial forms of questionnaires.

New York
  Albany School of Practical Nursing, Albany

Ohio
  Northwestern Ohio Practical Nurse Training Center, Toledo